



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

VACE Group Enrollment Agreement

GROUP DEMOGRAPHICS

Group Name _____ Effective Date _____

Physical Address (Street) _____ Phone _____

City _____ State _____ Zip Code _____ Fax _____

Nature of Business _____ SIC Code _____ Federal Tax ID# _____

Mailing and Business Address (if different than physical)

Street _____ City _____ State _____ Zip Code _____

GROUP CONTACT INFORMATION

Group Contact (Name) _____ Title _____ Phone _____

Email _____ Fax _____

Additional Contact _____ Title _____ Phone _____

Email _____ Fax _____

Total Number of Employees _____ Prior Carrier _____

Broker Agency (if any) _____

ELIGIBILITY

Eligibility waiting period (in days): _____ New hires _____ Re-hires; First of the month following or coincident with
 30 days 60 days, or DOH

Eligibility hours: must work _____ or more hours per week (cannot be less than 17.5 or greater than 30)

PLAN SELECTION

Option 1: VACE Advantage 100% HSA <input type="checkbox"/>	Option 2: VACE Advantage CoPay <input type="checkbox"/>	Option 3: VACE Advantage CoPay HSA <input type="checkbox"/>
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(SELECT UP TO THREE PLANS FOR YOUR EMPLOYEES TO CHOOSE FROM)

REIMBURSEMENT ACCOUNTS

Health Reimbursement Account Health Savings Account

HRA/HSA Vendor Name: _____

Are all employees opting in to your reimbursement account? Yes No

If no, please provide a separate list of employees opting out of your reimbursement account.

ESTIMATED FIRST MONTH'S PREMIUM (due with this agreement, made payable to BCBSVT)

Amount _____ Check Number _____



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FULLY-INSURED, ASSOCIATION HEALTH PLAN TERMS & CONDITIONS

1. Membership.

- a. Employer attests that it is a member in good standing with the _____ Chamber of Commerce, which includes a complimentary membership in the Vermont Association of Chamber of Commerce Executives (VACCE). By maintaining an active membership in both the _____ Chamber of Commerce and VACCE, my business is eligible to enroll in the VACCE Insurance program.
- b. Workers compensation insurance is a requirement for eligibility to enroll in the VACCE Insurance Program. Employer attests that it maintains workers compensation insurance, and upon request, shall promptly provide Association and/or BCBSVT with policies evidencing this coverage.

2. Eligibility.

- a. Employees and other eligible persons shall meet the eligibility requirements as specified by the Employer. Employer shall not enroll ineligible individuals.
- b. Member enrollment shall occur upon BCBSVT's receipt of eligibility information from the Association. Upon acceptance of such application by BCBSVT, or modification thereof, and payment of the applicable premiums, such Employees and Dependents shall become enrolled for the type of coverage selected and shall be effective on the above Effective Date.
- c. In the event the submission of inaccurate information results in the enrollment of an individual(s) in violation of applicable law, or BCBSVT's policies, procedures or guidelines, and such action results in the payment of claims for an ineligible person(s), Employer shall be responsible for all applicable premiums if coverage provided in error cannot be retroactively terminated or claims recouped.
- d. Employer shall be responsible for enforcing all probationary (or waiting) periods and warrants that such periods are in compliance with all applicable federal and state laws, including the federal prohibition on probationary periods that exceed 90 days, and applying probationary periods in a non-discriminatory manner.
- e. Employer shall permit special enrollment in accordance with the Subscriber Contract and as required by federal and/or state law, and assumes all liability associated with failing to comply with applicable law pertaining to special enrollment rights of Employees and Dependents.
- f. Any notice, collection of premium, or communication regarding continuation of coverage requirements of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended ("COBRA") or any other applicable state law, including, but not limited to, 8 V.S.A. §§ 4090a through 4090c ("VIPER") shall be the responsibility of the Employer and not BCBSVT.
- g. Employer acknowledges that, in the event the Association is dissolved or ceases to maintain a contract with BCBSVT coverage will terminate.

3. Summary of Benefits and Coverage.

- a. Employer acknowledges it is legally obligated to distribute the Summary of Benefits and Coverage (SBC) as required by the ACA and assumes the responsibility to ensure Plan Participants acknowledge receipt of the SBC.

4. Rebates

- a. In the event BCBSVT is required by applicable federal or state law to pay a rebate of any portion of premiums to the Employer or Subscribers during an applicable reporting calendar year (a "Rebate"), Employer shall cooperate with and assist BCBSVT as necessary to ensure proper and accurate distribution of any Rebate to Subscribers. BCBSVT is solely responsible for determining, under applicable law, whether any Rebate is due to Employer and Subscribers as well as the aggregate amount of any Rebate, and Employer agrees to be bound by that determination.



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- b. Employer agrees to maintain all necessary records to enable correct calculation and distribution of a Rebate should Plan have to distribute a Rebate. Employer further agrees that it will timely provide and update information requested by BCBSVT in the format requested by BCBSVT for the purpose of determining the amount of the Rebate.

5. Medicare

- a. Employer acknowledges that this association health plan is primary to Medicare, regardless of the size of employer. Employees and their dependents are not required to have Medicare Parts A, B, or D to be enrolled in this association health plan, even if they are eligible.

SIGNATURE

Authorized Signatory (required) _____ Date _____

Name (Print) _____ Title _____

SUBMIT ONE OF THREE WAYS:

Email: vacehealth@vtchamber.com

Fax: (802)223-4257

Mail: PO BOX 810 Montpelier, VT 05601