Renewal Worksheet
(2–50 Eligible Employees)

Empire BlueCross BlueShield

Please note: Worksheet must be submitted with quote(s) from Empire broker online services to be valid.
Please select one of the following: ☐ Plan Year Benefits ☐ Calendar Year Benefits

SECTION 1. REASON FOR APPLICATION/CHANGE (FILL IN ONE ONLY)

Group no.	Sub division 1	Sub division 2	Renewal date (MM/DD/YYYY)

Group name	Employer ID no.

SECTION 2. GROUP ELIGIBILITY

NOTE: Eligible persons are defined as employees (on the group's payroll, K1, etc.) whose regular work schedule is at least 20 hours per week under this group contract.

No. of Employees

No. of employees at all locations (include owners and partners, exclude COBRA)	No. of enrolling employees (include retirees and COBRA)	No. of ineligible employees (check reason for ineligibility)	Employer contribution to retiree coverage

No. of retirees eligible for coverage	No. of net eligible employees	☐ Temporary ☐ Union ☐ Part-time ☐ Other _____

Have you ever employed more than 20 employees? ☐ Yes ☐ No	If yes, please indicate the last year you had 20 or more employees _____	*Empire requires proof of employment (i.e., NYS-45, payroll, etc.) See small group underwriting guidelines for more info.

Eligibility Dates (complete both A and B)

A. **Initial Enrollment of Group.** All employees' and dependents' coverage will be in effect:
☐ On group effective date ☐ After new employee eligibility is satisfied (see B)

All enrollment forms must be received no later than thirty (30) days following the new group effective date.

B. **New Employees** (after initial enrollment of group). New employees will be eligible for coverage:
☐ Date of hire
☐ First day of the following
☐ _____day(s) following date of hire
☐ _____month(s) following date of hire
☐ First of the month following
☐ _____day(s) following date of hire
☐ _____month(s) following date of hire

All enrollment forms must be received no later than sixty (60) days following the member's eligibility date.

C. **Employee Reinstatement Policy.** Employees who are re-hired to the company are eligible for coverage.
☐ Date of hire ☐ Other (please specify) _____

SECTION 3. PAYMENT SECTION – Group's contribution, if any.

% Employee only	% Two-party	% Employee + Spouse	% Employee + Child(ren)	% Family

If your group has multiple locations, do you wish to receive (fill in one): ☐ Separate invoices for each location ☐ A summary invoice combining all locations.

☐ If you are requesting quarterly billing, please indicate here. Otherwise, group will be billed monthly.

NOTE: In order for this application to be accepted by Empire, your group (i) may NOT subsidize any portion of your covered members' cost-sharing responsibilities, such as copayments and/or member coinsurance (sometimes referred to as a "Gap Plan") and (ii) may NOT fund more than 50% toward the member deductible amount. The offer of either a Gap Plan or funding of more than 50% toward member deductible disqualifies a group from eligibility for Empire small group coverage. By signing below, you are certifying that you do not offer a "Gap Plan" or fund more than 50% of the member deductible amount.

SECTION 4. FULL REPLACEMENT

Is Empire the sole carrier offered by the group? ☐ Yes ☐ No	Is this group segmented or offering a dual option? ☐ Yes ☐ No If yes, please include a letter of instruction for processing.

SECTION 5. DOMESTIC PARTNER RIDER SELECTION

☐ Same sex only ☐ Same and opposite sex ☐ No selection

Insurance Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any materials fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

SECTION 6. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Authorized group signature	Print name	Date (MM/DD/YYYY)
X		

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