

小型企業雇主申請表/Employer Application for Small Business



聯合健康保險

華夏健實計畫/AsianTreasure

為避免延遲處理，請您一定要/To avoid processing delays, please make sure you:

- 1 完整且正確地回答所有問題。/Answer all questions completely and accurately.
- 2 填妥並交付產品和福利選擇表。/Complete and submit the Product and Benefit Selection Form.
- 3 交付列有目前被保人和目前狀態的最新對帳單。/
Submit the most recent billing statement listing those currently insured and current status.
- 4 交付最新的薪資和納稅資訊。/Submit most recent wage and tax information.
- 5 附上首月保費的支票。/Include a deposit check for the first month's premium.
- 6 收到核准通知書之前，請勿取消您的現有承保/DO NOT CANCEL YOUR EXISTING COVERAGE UNTIL YOU RECEIVE WRITTEN NOTIFICATION OF APPROVAL.

UnitedHealthCare Insurance Company
 UnitedHealthCare of Texas, Inc.
 National Pacific Dental, Inc.
 Unimerica Insurance Company
 PacifiCare Life & Health Insurance Company

一般資訊/General Information

團體的法律名稱/Group's Legal Name	要求的生效日期/ Requested Effective Date
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會員卡上所列的團體名稱 (最多 30 個字元)/Group Name to appear on ID card (maximum 30 characters)

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地址/Address	納稅人識別號碼/Tax ID
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城市/City	州/State	郵遞區號/Zip Code	業主 / 合夥人姓名 (若適用)/ Names of Owners/Partners (if applicable)
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聯絡人/Contact Person	電話/Telephone	傳真/Fax	電子郵件地址/Email Address
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帳單地址 (不同時才填)/Billing Address (If Different)	公司成立幾年/# of Years in Business
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組織類型/Organization Type	業務性質/ Nature of Business	產業 (SIC) 代碼/ Industry (SIC) Code
<input type="checkbox"/> C 型公司/C-Corp <input type="checkbox"/> 有限責任公司 / 有限責任合夥公司/LLC/LLP <input type="checkbox"/> 非營利組織/Non-Profit <input type="checkbox"/> 其他/Other _____	<input type="checkbox"/> 合夥公司/Partnership <input type="checkbox"/> S 型公司/S-Corp <input type="checkbox"/> 獨立承包商/Ind. Contractor <input type="checkbox"/> 獨資公司/Sole Proprietor	

多地點團體/ Multi-Location Group	地點數/# Locations	地址 (或另外加頁列出清單)/Address(es) (or list on additional sheet of paper)
<input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No		

為符合資格每週 須工作時數/ # Hours per week to be eligible	新進人員等待期間/ Waiting Period for new hires <input type="checkbox"/> 聘僱日後的保單月份首日/ 1st of Policy Month following Date of Hire <input type="checkbox"/> 工作____ [0-90] 天後的保單月份首日/ 1st of Policy Month following ____ [0-90] days of employment <input type="checkbox"/> 聘僱日 (無等待期)/Date of Hire (no waiting period) <input type="checkbox"/> 聘僱日後工作____[0-90] 天/ ____ [0-90] days of employment following Date of Hire	首次登記參加者豁免等待期間/ Waiting Period waived for initial enrollees <input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No
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有勞工賠償保險/ Have Worker's Comp	勞工賠償保險公司名稱/ Worker's Comp Carrier Name	沒有勞工賠償保險的業主 / 合夥人姓名/ Names of Owners/Partners not covered by Workers' Comp:
<input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No		

目前有 COBRA / 持續承保人之姓名/Names of Persons currently on COBRA/Continuation:
 請參見附件清單/See Attached List 無/None

過去 12 個月內，團體是否有 UnitedHealthcare 或 PacifiCare 的承保/Has the Group been insured by UnitedHealthcare or PacifiCare in the last 12 months:
 是/Yes 否 若答是，請填承保終止日期/No If yes, date coverage terminated: / /

目前醫療保險公司的名稱/Name of Current Medical Carrier 開始日期/Begin Date ____/____/____ 結束日期/End Date ____/____/____ <input type="checkbox"/> 無/None	目前牙科保險公司的名稱/Name of Current Dental Carrier 開始日期/Begin Date ____/____/____ 結束日期/End Date ____/____/____ <input type="checkbox"/> 無/None
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除了本 UnitedHealthcare 或 PacifiCare 醫療計畫，您目前是否提供或打算提供健康補償帳戶 (HRA) 計畫和 (或) 自願或非自願附加保險 (如重大疾病、住院治療定額給付、扣除額補償等) 保單？

無論向 UnitedHealthcare、PacifiCare 或任何其他保險公司或第三方管理者購買保單，均須正確回答所有問題。

HRA 是 否 若答是，請勾選類型： Definity Standard HRA Definity Select HRA 其他管理者 HRA

附加保險 是 否

若在 HRA 部分答「是」，您必須從您的經紀人或代理人給您的 Definity HRA 合格福利計畫清單中加以選擇。

其他計畫不符合搭配健康補償帳戶的資格。

Do you currently offer or intend to offer a Health Reimbursement Account plan and/or voluntary or involuntary supplemental insurance (e.g., critical illness, hospital income, deductible reimbursement, etc.) policy along side this UnitedHealthcare or PacifiCare medical plan? Answers must be accurate whether purchased from UnitedHealthcare, PacifiCare, or any other insurer or third party administrator.

HRA Yes No If yes, please identify type: Definity Standard HRA Definity Select HRA Other Administrator HRA

Supplemental Insurance Yes No

If you answered "Yes" for HRA, you must choose from the list of Definity HRA-eligible benefit plans as shown to you by your broker or agent.

Other plans are not eligible for pairing with a Health Reimbursement Account.

參加情況/Participation	申請人數/ # Applying for:	放棄人數/ # Waiving for:	提撥/ Contribution	雇主負擔 %/ Employer %	員工負擔 %/ Employee%	雇主為受撫養人負擔 %/ Employer % for Dep
全職員工人數/ # Full Time Employees	醫療/ Medical	醫療/ Medical	醫療/ Medical			
兼職員工人數/ # Part Time Employees	人壽/ Life	人壽/ Life	人壽/ Life			
不符合資格員工人數/ # Ineligible Employees	牙科/ Dental	牙科/ Dental	牙科/ Dental			
員工總人數/ Total # Employees	視力/ Vision	視力/ Vision	視力/ Vision			
	其他/ Other	其他/ Other	其他/ Other			

由「UnitedHealthcare 和關係企業」提供的承保：

醫療承保是由 United HealthCare Insurance Company (PPO、補償式) 或 United HealthCare of Texas, Inc. (HMO) 或 PacifiCare Life & Health Insurance Company (PPO、補償式) 提供

牙科承保是由 United HealthCare Insurance Company (補償式) 或 National Pacific Dental, Inc. (DMO) 提供

人壽保險承保是由 United HealthCare Insurance Company 或 Unimerica Insurance Company 提供

視力承保是由 United HealthCare Insurance Company (PPO、補償式) 或 Unimerica Insurance Company (PPO、補償式) 提供

您的州保險法律規定，當聘用2至50個符合資格員工的小型企業雇主提出申請時，無論該團體中任何個人的健康狀況如何，小型團體市場的所有保險公司均須提供該保險公司所行銷的任何健康計畫。

Coverage Provided by "UnitedHealthcare and Affiliates":

Medical coverage provided by United HealthCare Insurance Company (PPO, indemnity) or United HealthCare of Texas, Inc. (HMO) or PacifiCare Life & Health Insurance Company (PPO, indemnity)

Dental coverage United HealthCare Insurance Company (indemnity) or National Pacific Dental, Inc. (DMO)

Life Insurance coverage provided by United HealthCare Insurance Company or Unimerica Insurance Company

Vision coverage provided by United HealthCare Insurance Company (PPO, indemnity) or Unimerica Insurance Company (PPO, indemnity)

YOUR STATE INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS TO SMALL EMPLOYERS OF 2-50 ELIGIBLE EMPLOYEES, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

有關團體規模的疑問/Questions Regarding Group Size

<input type="checkbox"/> COBRA	根據聯邦法律規定，若您在前一曆年至少 50% 的工作日有向 20 個或以上員工支付薪資，
<input type="checkbox"/> 州持續承保/ St. Continuation	您即須提供員工 COBRA 持續承保。根據州法律規定，無論您團體的規模如何，我們都會提供州持續承保。/ Under federal law, if your group had 20 or more employees on your payroll on at least 50% of the group's working days of the preceding calendar year, you must provide employees with COBRA continuation. Under state law, regardless of your group's size, we will offer State Continuation.
<input type="checkbox"/> Medicare 為主要計畫/ Medicare Primary	根據聯邦法律規定，若您團體在前一曆年的 20 個或以上曆週中聘雇 20 個或以上員工，本健保計畫就是主要計畫，Medicare 則是次要計畫。本聲明並未訂定管理團體層級 Medicare 狀態的全部規則。團體應聯絡其法律和 (或) 稅務顧問，瞭解其他可能會影響團體 Medicare 狀態之法規的資訊。根據聯邦法律規定，團體有責任正確認定其 Medicare 狀態。/ Under federal law, if your group had 20 or more employees during 20 or more calendar weeks in the preceding calendar year, the Health Plan is primary and Medicare is secondary. This statement does not set forth all rules governing group level Medicare status. The Group should contact their legal and/or tax advisor(s) for information regarding other rules that may impact the Group's Medicare status. Under federal law it is the Group's responsibility to accurately determine its Medicare status.
<input type="checkbox"/> 本計畫為主 要計畫/ Plan Primary	
<input type="checkbox"/> 是/Yes	是否有符合國稅法第 414 節合併報稅資格且與本團體相關的任何其他實體？若答是，請填寫所有其他公司的法律名稱以及個別公司雇用的員工人數。/ Are there any other entities associated with this group that are eligible to file a combined tax return under Section 414 of the Internal Revenue Code? If yes, please give the legal names of all other corporations and the number of employees employed by each.
<input type="checkbox"/> 否/No	

重要資訊/Important Information

我瞭解，承保證書或摘要計畫說明，以及有關本申請表所指承保的其他文件、通知和通訊，均可能透過電子方式傳送給我和團體的員工。

我在此聲明，盡我所知，我在本申請表中提供的資訊皆正確詳實，包括已根據 CORBA 或州持續承保法律規定選擇持續承保的合格受益人和受撫養人的相關資訊。我瞭解，UnitedHealthcare 和關係企業會根據我提供的資訊認定承保資格、設定保費費率並用於其他目的；我也瞭解，蓄意和重大不實陳述或詐欺聲明可能導致撤銷團體保單、終止承保、調高保費，並回溯至保單生效日期，或造成法律規定範圍內的其他後果。

任何人若在知情狀況下蓄意欺騙任何保險公司或其他個人，提出包含了重大錯誤資訊的保險申請表，或為了誤導而隱瞞與任何重要事實有關之資訊，即構成保險詐欺行為，屬犯罪行為。

UnitedHealthcare/PacifiCare 有關保險業務員薪酬之透露：我們遵循相關法律規定，就其銷售本公司保險產品相關服務，向經紀人和代理人(合稱「保險業務員」)支付薪酬。我們支付「基本佣金」的依據包括產品類型、保費金額、團體規模和員工人數等因素。這些佣金會反映在保險費率上。此外，我們可能根據不時推出的獎金方案支付獎金，以鼓勵介紹新產品並給予獎勵，期能達成保險業務目標、續保程度、成長目標或其他預訂目標。獎金不會反映在保單費率上，而是從本公司一般管理費用支出。整體而言，我們的總獎金不超過向保險業務員支付總薪酬的 10%。我們的政策是，若客戶已支付保險業務員某產品的佣金或其他費用時，我們便不再向保險業務員支付該產品佣金。請注意，我們也會就保單銷售以外的服務，不時向保險業務員支付費用(例如，擔任總代理人或顧問的服務薪酬)。

對於受 ERISA 管轄的客戶而言，保險業務員的薪酬必須在 ERISA 5500 表之附表 A 中透露。我們會提供附表 A 報告給客戶。我們也已經採取相關措施，確保保險業務員向客戶適當透露其薪酬安排，但我們不能保證保險業務員一定會遵守規定。如需我們的保險業務員報酬付款安排之一般資訊，包括支付獎金總額佔總薪酬約多少百分比，請前往 <http://www.uhc.com>，在下拉選單中「View Our Programs – Producer Payment Programs」(查看方案 – 保險業務員付款方案) 底下點選雇主項目。如需有關您的特定保單應給付薪酬之具體資訊，請與您的保險業務員聯絡。

I understand that the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application may be transmitted electronically to me and to the Group's employees.

I represent that, to the best of my knowledge, the information I have provided in this application – including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws – is accurate and truthful. I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any intentional and material misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

UnitedHealthcare/PacifiCare disclosure regarding producer compensation: We pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our insured products, in compliance with applicable law. We pay "base commissions" based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonuses are not reflected in the premium rate but are paid from our general administrative expenses. In general, our total bonuses are less than 10% of total producer compensation paid. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant).

Producer compensation is subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers. We also have taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer's compliance. For general information on our producer payment arrangements, including the approximate percentage of total compensation that total bonus payments comprise, please go to <http://www.uhc.com> and click on the drop down box for employers under "View Our Programs – Producer Payment Programs." For specific information about the compensation payable with respect to your particular policy, please contact your producer.

簽名/Signature

團體授權簽名/Group Authorized Signature	職稱/Title	日期/Date
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佣金資訊/Commission Information

簽單保險業務員姓名/ Writing Producer Name	簽單保險業務員社會安全號碼/ Writing Producer SSN	保險業務員是否為 UHC/PHS 所指派?/ Is the Producer appointed with UHC/PHS? <input type="checkbox"/> 是/Yes <input type="checkbox"/> 否/No		
佣金收款人/Commissions Payable to:	收款人代碼/ Payee Code	CRID 代碼/ CRID Code	納稅人識別號碼/ Tax ID#	若有 1 個以上保險業務員*時， 各分____%/ If more than 1 Producer*， Split ____%
街道地址/Street Address	城市/City	州/State	郵遞區號/Zip Code	
保險業務員電話號碼/ Producer Phone #	保險業務員電子郵件地址/ Producer Email Address	保險業務員傳真號碼/ Producer Fax Number		

本申請書的內容已在與提交本申請書之團體開會時做過完整說明，並加以討論承保範圍、資格、既有病況限制 (PPO)、不實陳述的影響，以及終止規定等事項。/The contents of this application were fully explained during a meeting with the Group submitting this application. Coverage, eligibility, pre-existing conditions limitations (PPO), the effect of misrepresentations, and termination provisions were discussed.

保險業務員簽名/ Producer Signature	日期/ Date
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*若有 1 個以上保險業務員時，請在加頁上填寫第二位保險業務員的資訊。/*If more than 1 Producer, provide the second Producer's information on an additional sheet of paper.

UHC/PHS 業務代表 / 客戶主任/UHC/PHS Sales Representative/Account Executive

業務代表或客戶主任 (完整姓名)/Sales Representative or Account Executive (First & Last Name)

總代理人佣金資訊/General Agent Override Information

總代理人/General Agent	電話號碼/Phone #	特許經銷代碼/Franchise Code	
街道地址/Street Address	城市/City	州/State	郵遞區號/Zip Code

管理套件/Admin Kit

管理套件寄件地址/Send Admin Kit To:	地址/Address
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1250 Capital of Texas Hwy South
Building One, Ste. 250
Austin, TX 78746

1333 West Loop South
Ste. 1100
Houston, TX 77027

5800 Granite Parkway
Ste. 900
Plano, TX 75024

6200 Northwest Parkway
San Antonio, TX 787249