Healthy NY Application Instructions

Confidentiality Statement: The information provided on this application will remain confidential and will only be disclosed to the staff at health plans and state agencies operating this program.

Section A: Small Business Information

In this section, we ask how to contact you. Your business must be located in New York State to participate.

Section B: Eligibility Requirements

The business must employ 50 or fewer FTE employees, as explained in Section C, and be able to answer "Yes" to each question in Section D, to be eligible.

Section C: Insurance Information

Healthy NY is available to small business employers who have not provided comprehensive health insurance to their employees during the last 12 months.

If you provided health benefits within the last 12 months, your business may still qualify if:

- Your business provided only "limited" health insurance benefits. (not comprehensive coverage)
- Your business did not contribute more than $50 per employee per month towards the premium (or $75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties).
- The coverage was offered through Healthy NY.
- Your business has a class of employees that you have not offered health insurance to during the last 12 months but would now like to cover. The class must pertain to geographic location or employees' earnings, method of payment, hours, or job duties.

Section D: Participation Requirements

To be eligible, your business must meet the participation rules concerning employees who will purchase Healthy NY.

Section E: Employee Information

Answer the questions in Section F about your employees who will be enrolling in Healthy NY.

You do not need to include information about their dependents. If necessary, photocopy the chart and attach additional sheets.

Section F: Certification

The certification must be completed by a duly authorized officer of the business.

Submitting Your Application

Send your completed application directly to the HMO or participating insurer selected by your business.

For a list of HMOs and participating insurers, go to www.HealthyNY.com and select "HMOs and Rates by County."

Note that the HMO or participating insurer may require additional paperwork from you to complete the enrollment process.

If you have questions, or to check the status of your application, call the HMO or participating insurer directly.

Healthy NY Application for Small Businesses

Section A: Small Business Information

Company Name: _____

Telephone: _____ Fax: _____

Street Address of Business: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Person: _____ Title: _____

Contact Person's Telephone: _____ Today's Date: _____

Section B: Employer Size Requirements

To be eligible for Healthy NY coverage, the business must have had a total of 50 or fewer FTE (full-time equivalent) employees over the prior calendar year. The business may offer Healthy NY to a limited class of its employees, but the business cannot have more than 50 FTE employees overall. For more information on how to determine the number of FTE employees your business has, please see Frequently Asked Questions for Small Group Expansion to 1-100 Employees on the Department of Financial Services website.

How many **total** FTE employees did your business employ over the prior calendar year?

☐ 50 or fewer total FTE employees ☐ More than 50 total FTE employees (not eligible)

Section C: Insurance Information

You may offer Healthy NY to all of your employees or a class of your employees if you have not offered health insurance to them in the last 12 months. Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your business provided health insurance that included both medical and hospital benefits (other than Healthy NY) to the class of employees that you are looking to cover	☐ Yes	☐ No
2. If the answer to question 1 above is "Yes," did your business contribute more than $50 per employee per month towards the premium (or $75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties)?	☐ Yes	☐ No

If the answers to both questions 1 and 2 above are "Yes," your business is not eligible for Healthy NY.

Section D: Eligibility Requirements

Eligibility requirements were designed to reach those small businesses most in need. Please answer the following questions about your business. Please note that you must be able to check "Yes" to each question in this section to be eligible to purchase Healthy NY.

1. Do at least 30% of the employees who will be offered coverage earn annual wages of $56,720 or less?	☐ Yes	☐ No
2. Will your business contribute at least 50% of the Healthy NY premium on behalf of covered employees?	☐ Yes	☐ No
3. Will your business offer Healthy NY coverage to all employees working 20 hours or more per week who earn annual wages of $56,720 or less?	☐ Yes	☐ No

Section E: Participation Requirements

Please answer these questions about who will be enrolling in Healthy NY coverage. Please note that you must be able to check "Yes" to each question in this section to be eligible to purchase Healthy NY.

1. Will at least 50% of the class of employees who are offered Healthy NY coverage through your business actually enroll or have health insurance through another source?	☐ Yes	☐ No
2. Will at least one employee earning annual wages of $56,720 or less enroll in Healthy NY?	☐ Yes	☐ No

Section F: Employee Information

1. Employers may offer Healthy NY coverage to their employees' dependents, including spouses, domestic partners, and children. Employers are not required to contribute towards the Healthy NY premium for dependents. Will your business be offering Healthy NY coverage to the dependents of your employees?	☐ Yes	☐ No
2. Employers may choose to make Healthy NY available to their part-time workers (those who work less than 20 hours weekly). You do not have to contribute towards the premiums for part-time workers. Will your business be offering Healthy NY coverage to part-time workers?	☐ Yes	☐ No

Section G: Employee Information (continued)

Complete the following information for each employee who is applying for coverage. Photocopy and attach additional sheets, if needed.

Employee Name (First, MI, Last)	Is this employee eligible for Medicare? (Yes or No)

Healthy NY Application for Small Businesses

Section H: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true and accurate to the best of my knowledge. I further certify that I am duly authorized to execute this certification on behalf of the business.

I understand that any person who knowingly and with the 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty

not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print name of person completing certification	Signature
Title (must be owner or officer of business)	Date

If a broker assisted you with completing this application, he or she may be eligible for a commission paid by the HMO or insurer. Please complete the information below:

Broker's Name	License #	Company
Address	Phone	Email Address

Send your completed application directly to the HMO or participating insurer of your choice.

For the names and addresses of HMOs and participating insurers in your area, call (866) HEALTHY NY ((866) 432-5849) or visit www.HealthyNY.com