MVP Health Plan, Inc.
MVP Health Insurance Company
MVP Health Services Corp.
625 State Street
Schenectady, NY 12305

GROUP APPLICATION

1 SECTION ONE GROUP INFORMATION

Company Name ______________________________

Address ______________________________

City ______________________________

State ________ Zip ______________ County ______________

Telephone No. (   ) ____________ Fax No. (   ) ____________

Group Contact Name ______________________________

Title ______________________________

Telephone No. (   ) ____________ Fax No. (   ) ____________

Email ______________________________

This person will receive an MVP log in.

Additional Office Locations ______________________________

____

SIC Code ______________________________

Tax ID # (required) ______________________________

Type of Group:
- ☐ Employer Group or Employer Trust
- ☐ Association or Chamber
- ☐ Multiple Employer Trust ______________
- ☐ Taft Hartley Trust
- ☐ Labor Union
- ☐ Member of Controlled Group or Corporation

2 SECTION TWO BILLING INFORMATION

Billing Contact (If different from above) ______________________________

____

Title ______________________________

Address (If different from above) ______________________________

City ______________________ State ______ Zip ________

Telephone No. (   ) ____________ Fax No. (   ) ____________

Email ______________________________

3 SECTION THREE OTHER GROUP CONTACT (if applicable)

Name ______________________________

Title ______________________________

Email ______________________ Phone ______________

Name ______________________________

Title ______________________________

Email ______________________ Phone ______________

4 SECTION FOUR PRODUCT SELECTION

- ☐ PLAT #____________
- ☐ BRONZE #____________
- ☐ GOLD #____________
- ☐ OTHER
- ☐ SILVER #____________
- ☐ SILVER 4 w/Embedded HRA
- ☐ MEDICARE GOLD
- ☐ HEALTHY NY
- ☐ MVP DENTAL PPO
- ☐ MVP DENTAL FOR KIDS*
- ☐ DELTA DENTAL PPO*

*If you have purchased this ACA required benefit through another carrier, please complete Section 8. (Not required if you are selecting MVP Dental PPO.)

Desired Effective Date ______________

5 SECTION FIVE GROUP ADMINISTRATION

Total number of employees including full-time[1], part-time equivalent[2], seasonal equivalent[2], and 1099 __________

Note: Retirees[3] and COBRA participants are not considered "employees" and should not be counted to determine group size.

New hire eligibility policy:
- ☐ Date of hire
- ☐ First of the month following date of hire
- ☐ First of the month following _______ days of employment (may not exceed 90 days)

[1]The "full-time equivalent" (FTE) employee counting method in 26 U.S.C. 4980H(c)(2) must be utilized to determine group size. This method is the same calculation used to determine employer liability under the "Shared Responsibility for Employers" provisions of the ACA and Internal Revenue Code.

[2]To convert the number of part-time employees to a full-time equivalent, the aggregate number of hours worked for part-time employees is divided by 120. Part-time hours are capped at 120 hours per employee per month.

[3]Exceptions will be made if the retiree population is more than 25% of the group. If the retiree population makes up more than 25% of the group, then the retirees will be included in the group size count.

6 SECTION SIX–OTHER GROUP COVERAGE IN ADDITION TO MVP

1. Name of Other Insurer ______________________________

Type of Coverage and Plan Design (metal level) ______________

____

Effective Date of Policy ______________________________

2. Name of Other Insurer ______________________________

Type of Coverage and Plan Design (metal level) ______________

____

Effective Date of Policy ______________________________

Continued

7 SECTION SEVEN–ENROLLMENT CLASS/SUBGROUP

Class Description (ex: All employees working more than 20 hrs/week) __________

____

Does your group need a separate class/subgroup assigned for:

☐ Gold ☐ Salary

☐ Cobra ☐ Union

☐ Hourly ☐ Other______________________

8 SECTION EIGHT–STAND-ALONE DENTAL COVERAGE

Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York State of Health: The Official Health Plan Marketplace-certified stand-alone dental plan offered outside the New York State of Health: The Official Health Plan Marketplace? ☐ Yes ☐ No

If you answered "yes", please provide the name of the company issuing the stand-alone dental coverage. ______________________

If you answered "no", we will provide you coverage of the pediatric dental essential health benefit.

9 SECTION NINE CERTIFICATION

To the best of my knowledge, all the statements/responses in this application are true and complete.

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

Insurance Fraud Statement

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 ($5,000) and the stated value of the claim for each such violation.

Print Name ____

Signature ____

Title ____

Date ____

10 SECTION TEN BROKER INFORMATION

Broker Name ____

Email ____

Firm Name ____

Address ____

City ________________________________State_____Zip ________

Telephone No. (   )__________Fax No. (   )__________

11 SECTION ELEVEN MVP REPRESENTATIVE SECTION

The information provided in this application is true to the best of my knowledge.

Was a Broker involved in this sale? ☐ Yes MVP Broker # ________

☐ No

Print Name ____

Signature ____

Date ____

QUESTIONS?

Call **1-800-TALK-MVP (825-5687)** or visit **DiscoverMVP.com**.

MVP partners with Healthplex for network services and benefit administration to ensure our members receive the most comprehensive oral care and best possible member service.