

WSBA

PARTICIPATION AGREEMENT 2012-2013

Effective Date: _____

Please check the medical plan you want for your group for plan year 2012-2013:

Western Washington

- Options (POS) #61802
- Alliant Plus (POS) #50929/52172

Eastern Washington

- Options (POS) #69476
- Alliant Plus (POS) #58139/58199

→ Does your choice of medical plan represent a CHANGE? YES NO

Are you enrolling your group for WDS **DENTAL** coverage? YES NO (minimum 3 employees)

GROUP INFORMATION:

Legal Name _____
 Street Address _____
 City _____ Zip Code _____ County _____
 Billing Address (if different) _____
 Contact Person _____ e-mail _____
 Phone Number _____ Fax Number _____
 Tax ID Number _____

ELIGIBILITY AND PARTICIPATION:

Eligible Active Employees:

- All Full Time Employees Working _____ Hours per Month (*minimum requirement is 60 hours a month*)
- All Part Time Employees Working _____ Hours per Month (*minimum requirement is 60 hours a month*)

Total Number of Persons Employed (*including owner/proprietor*) _____

Total Number of Eligible Employees: _____ Total Number of Enrolled Employees: _____

Did your company employ 20 or more full time and/or part time employees for at least 50% of the workdays of the preceding calendar year (January – December) and is it subject to federal COBRA laws? Yes No

EMPLOYEE CLASSES: (for example, class I could be attorneys and class II other staff)

I _____ First of the Month following _____ Months from Hire Date
 II _____ First of the Month following _____ Months from Hire Date
 III _____ First of the Month following _____ Months from Hire Date

Employees moving from part-time to full-time status must be enrolled effective the first of the month following their change in status. (No new probationary period.)

Total Number of Employees currently in Probationary Period _____

EMPLOYER CONTRIBUTION: (*minimum requirement is 50% of employee cost*)

Class I: Employee _____ % Dependents _____ %
 Class II: Employee _____ % Dependents _____ %
 Class III: Employee _____ % Dependents _____ %

Participation Requirements

1. Group Health Options, Inc. & Washington Dental Service will be the sole carriers.
2. Washington State Bar Association (WSBA) coverage is available to current members of the WSBA. Membership must be maintained during your enrollment in WSBA.
3. Groups must be domiciled in Washington State.
4. Participant coverage obtained through this application may be terminated for the following reasons:
 - a. Non-payment of premiums
 - b. Participant eligibility requirements are no longer met.
 - c. Membership with the WSBA is terminated.
5. Failure to return a completed Participation Agreement prior to the effective date will result in coverage delays. For renewing groups, participation agreement must be received by the 10th of the month prior to the renewal anniversary month. For new business, enrollment forms and full payment must be received by the 10th of the month prior to the month in which coverage becomes effective. Failure to provide all required information may delay implementation of eligibility and benefit coverage.
6. Rates are guaranteed from June 1, 2012 until June 1, 2013.
7. Sole proprietors and partners are eligible for coverage if they are full-time, active in the business and 75% of the owner's income is derived from the business. For groups of 1 – 3 employees, 100% of employees not covered by similar existing coverage must participate/enroll. For groups of 4+ employees, at least 75% of eligible employees not covered by similar existing coverage must participate/enroll. (RCW Chapter 48.43)
8. Plans with no enrollment will be terminated at the end of the plan year. An employer/employee relationship must exist, with the employee represented on the payroll as receiving a wage or commission. Retirees, independent contractors, and seasonal employees are not eligible for coverage.
9. Each employer establishment determines the minimum number of hours worked per month required for employees to be eligible for coverage (minimum requirement is 60 hours per month).
10. Coverage for new employees becomes effective the first of the month following the probationary period, as defined by the employer. Up to three (3) separate classes of employees may be established by the employer. Probationary periods for employees must be non-discriminatory.
11. The employee, their legal spouse/domestic partner, and/or children up to the age of 26 are eligible to enroll.
12. The employer must contribute at least fifty percent (50%) of the employee's healthcare premium. There is no minimum contribution requirement for dependent coverage.
13. Plan changes by the employer may only be made during the open enrollment period. Plan changes by the employee and dependents may only be made during the open enrollment period unless a special enrollment entitlement has been met.
14. All plans will be considered to have *non-grandfathered status*. Provisions of the Federal Patient Protection and Affordable Care Act will result in certain changes to benefits as plans renew beginning 6/1/2012. *Final guidance has not been issued for this legislation. Additional benefit changes may be necessary once final guidance is received and additional rate impact for these changes may apply.*

By execution of this Participation Agreement, the participant agrees to be bound by all terms and conditions of the Contract and any existing or future amendments thereto by the Washington State Bar Association, including, without limitation, paying the required monthly premium and furnishing necessary information on covered persons. A copy of said contract is on file with the Washington State Bar Association. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (RCW 48.135.080). Penalties include imprisonment, fines, and denial of insurance benefits.

I hereby certify that the enclosed information is applicable and complete:

Authorized Signature and Title _____

Date _____