

State of Wisconsin
Small Employer Uniform Employee Application for Group Health Insurance
Instructions

The uniform employee application allows us to obtain firm, underwritten rates from all of the available insurance carriers with one application. These applications must be completed by all employees, whether they are applying for coverage or waiving coverage, if the employer has 50 or fewer employees. It is critical that all applicable sections are completed and that no questions are left blank in the appropriate sections. The following are instructions of the sections that need to be completed depending on whether the employee is enrolling or waiving coverage.

If you are enrolling for coverage:

- Be sure that your name is located in the top right of all nine pages of the application. This way, if they ever get separated for any reason, the underwriter will be able to match them to the rest of the application.
- Section I: Complete this section entirely including demographic information, first date of employment, marital status and appropriate dates, retiree and COBRA status.
- Section II: Please indicate what level of coverage you are applying for.
- Section III: Indicate any other family members that will be enrolled in this coverage. Be sure to include their name, social security number, relationship, date of birth and height & weight. If you have more dependents than space available, please include them, with all required information, on a separate sheet of paper. Also, be sure to answer questions b & c in this section. If the questions do not apply, please indicate "N/A" for not applicable.
- Section IV: In this section of the application, it is critical that you not miss any questions and that you give complete detail to any "yes" answers. The detail should be listed in question H & I on page 3 of the application. Any missing information will delay the underwriting process.
- Section V: Complete this section if you are waiving insurance for your spouse or any dependent children. Be sure to indicate who you are waiving for and why those individuals are waiving coverage. Make sure that you sign and date this section ONLY if you are waiving coverage for any members of your family.
- Sections VI & VII: Be sure to complete these sections as well making sure to indicate any current or prior coverages that were in place over the last 18 months.
- Section VIII: Complete this section only if the insurance carrier requires you to select a primary care physician (and example of this type of product would be an HMO).
- Section IX: There is no need to complete this section unless specifically instructed by your insurance broker.
- Section X: Please read this section carefully. It describes how the insurance carrier will use the information contained in the application and confirms that you have completed the application honestly and to the best of your knowledge. You must sign and date this section. The signature date can be no more than 90 days prior to the effective date requested. If you spouse is enrolling, they must sign and date as well. So must any dependent child who is 18 years of age or older.
- AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION: This section must also be reviewed. Most of the time, the carrier names that will be asked to quote will be listed here. It is important that all applicants 18 years of age or older sign and date the application as well as a parent or legal guardian must sign for each minor dependent child.

If you are waiving coverage for yourself:

- Be sure that your name is located in the top right of all nine pages of the application. This way, if they ever get separated for any reason, the underwriter will be able to match them to the rest of the application.
- Complete Section I and V only (pages 1, 3 & 4). Be sure to indicate why you are waiving coverage and sign and date section V.