

New Jersey Sales Office
Submission Requirements For New York
(Small Groups with 2-50 Employees)



CIGNA HealthCare
CoMed HMO

1. A completed CIGNA HealthCare Application signed by an officer of the company.
2. Effective dates can only be the 1st of the month. Please contact our office if your client's previous coverage ends on the 15th of the month.
3. Fully completed CIGNA HealthCare of New York Enrollment/Change Form (Form #505206C/9-95). Employees must choose a physician at the time of enrollment for themselves (Internist or Family Practitioner) and their dependents (Pediatrician). No case will be approved until all Primary Care Physicians are confirmed.

NOTE: In the case where the enrolling member is including a dependent spouse and/or child with a different last name, we require a copy of the marriage certificate in the case of spouse and/or copy of the birth certificate for each dependent child.

4. Completed and signed CIGNA HealthCare of New York Employer Certification of Eligible Employee/Dependent Waiver form.
5. Completed and signed Connecticut General Life Insurance Health Access Insurance Trust Participation Agreement.
6. Deposit check equal to *one month's premium made out to CIGNA HealthCare*. Neither Broker checks nor personal checks are acceptable.
7. Groups with 3 or less enrolling require a copy of the most recent quarter of the NYS-4 form (Formerly known as the WT-4B form). The NYS-4 form replaces the WT-4B and is the required New York State quarterly wage form.
8. Employees must work a minimum of 20 or more hours per week on groups of 2-50 lives.
9. Retirees are not eligible.
10. If the group has Union employees covered under a Collective Bargaining agreement, we will require a copy of the entire agreement upon submission of the group. The Union employees WILL NOT BE INCLUDED in the total number of employees on the group for determination of the group's size.
11. This plan is available for groups located within the service area employing 2 or more employees, no minimum participation is required.
12. If more than 10% of the people enrolling are living outside the service area, they will not be eligible to participate in the CIGNA HealthCare.
13. 1099 workers must meet the following criteria:
 - ▶ They perform such business service exclusively for the Employer (i.e. derives 100% of his/her employment income for such service from Employer) and provides such service at least twenty (20) hours per week.
 - ▶ They must be paid at least the statutory required minimum hourly wage.
 - ▶ They will be excluded from the total number of employees on the group for determination of eligibility under the New York Group Law i.e. under 51 lives. There must be at least 2 employees on the NYS-4 form.
 - ▶ Employer may be required to provide sufficient documentation.
14. **ALL CASES MUST BE SUBMITTED WITH COMPLETED CAF-1 AND CAF-4 FORMS FOR THE RESPECTIVE BROKER. IF YOU USE A GENERAL AGENT, PLEASE INDICATE ON CAF-4 FORM.**

** Please note that additional Underwriting information may be required if requested by the Underwriter **