SecurityHealth Plan℠
Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

Large or Small Employer (Existing)

Employer Renewal Questionnaire

Employer group name _____ Group no. _____

1. Enter the average number of full-time, part-time and seasonal employees employed during the preceding calendar year (include all locations)[1] _____
2. How many total eligible employees do you anticipate as of your effective date for health insurance benefits[2] _____
3. To the best of your knowledge, how many eligible employees not covered by Security Health Plan have other creditable coverage[3] _____
4. Is this a multi-employer plan[4]: ☐ Yes ☐ No
5. Medicare Secondary Payer (MSP) provisions apply to employers that have 20 or more full-time and/or part-time employees for each working day in each of 20 or more calendar weeks in the current or preceding year. When calculating your number of full-time and part-time employees you must use the total number of employees in your organization structure including the parent company, subsidiaries, etc.[5]: ☐ 2 – 19 employees ☐ 20 or more employees
6. Did you employ 100 or more full-time and part-time employees on 50% or more of your regular business days during the previous calendar year: ☐ Yes ☐ No
7. Is your company under common ownership with other companies or part of a national company *(including, but not limited to, multiple locations and subsidiaries)*: ☐ Yes ☐ No
   If yes, list name(s) and location(s) _____
8. Provide your contribution for **each** of the following coverages:

   All categories must be completed.

   Employee _____ Employee & spouse _____ Employee & child(ren) _____ Family _____

   NOTE: The employer must **contribute at least 50% of the Employee-Only** cost for each enrolled employee. The contribution amount may vary based on each employee's age. The group may also vary the contribution amount by class of employee. If multiple plans are offered, the employer may make the contribution based on the plan of choice. However, the contribution must be a minimum of 50% of the employee cost for the lowest priced option that is available to the employee.
9. Does your company contribute money toward your employees' qualified out-of-pocket expenses, as determined by IRS (§) 213d? This may be in the form of a health savings account (HSA) or a health reimbursement arrangement (HRA).

   Do you have an HRA: ☐ Yes ☐ No If yes, indicate amount: Single $ _____ Family $ _____

   Indicate HRA vendor: ☐ EBC ☐ DBS ☐ Other _____

   Do you have an HSA: ☐ Yes ☐ No If yes, indicate amount: Single $ _____ Family $ _____
10. Dates of open enrollment: Beginning date (m/d/y) _____/_____/_____ Ending date (m/d/y) _____/_____/_____
11. How will you be submitting your open enrollment changes: ☐ Employer portal ☐ Paper applications ☐ 834 file

The information provided on this form is accurate and complete to the best of my knowledge.

Completed by _____ Date (m/d/y) _____/_____/_____

Title _____ Direct phone _____

Email address _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Return form by email to your account manager or shp.new.quotes-mfld@sanfordhealth.org or by fax at (715) 221-9456 along with your renewal paperwork.

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[1] If you have a parent/brother/sister company or subsidiaries, refer to Wisconsin Statutes Section 632.745(6) to determine whether you may be treated as a single employer.

[2] Number of employees who work on a permanent basis and have a normal work week of 30 or more hours. This includes a sole proprietor, a business owner (including the owner of a farm business), a partner of a partnership or a member of a limited liability company, if the sole proprietor, business owner, partner or member is included as an employee under the health benefit plan of an employer. Do not include employees who work on a temporary or independent contractor basis. (reference Wis. Stats. 632.745 (5) (a))

[3] Creditable coverage includes other employer group coverage, individual coverage, Medicare, Medicaid, BadgerCare or Tricare (military service coverage). The employee waivers you have on file reflect this number.

[4] When two or more employers are sponsors or contributors to a multiple employer plan and at least one of them has 20 or more full-time and/or part-time employees.

[5] The MSP regulations as dictated by CMS require you to report any changes in employment during the course of the year that could impact your employer size determination related to the 20 employees or more requirements described above. In other words, you must notify us when you have had an increase to a size of 20 or more full-time and part-time employees for 20 or more weeks during the current calendar year.

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