



## Pre-Renewal Form for New Hampshire Accounts

The following form has been provided to ensure that Harvard Pilgrim Health Care of New England (HPHC-NE) has the appropriate information to rate and process your renewal. **Renewal rates will not be released unless this form is returned to HPHC-NE by** If renewal rates are not released, your account cannot renew with HPHC-NE and members will be terminated at midnight on the last day of their current contract. Member termination letters will be mailed shortly thereafter.

<b>Account Name:</b>	<b>Tax ID #:</b>
<b>Account Billing Address:</b>	<b>HPHC Division #:</b>
<b>Broker:</b>	<b>Account Telephone:</b>
<b>Benefits Contact:</b>	<b>Billing Contact:</b>
<b>Executive Contact:</b>	<b>Employer Mailing Contact:</b>
<b>Executive Contact Email:</b>	<b>Employer Mailing Email:</b>

**1. Total Number of Company Employees:**

Please include the total number of employees who work for the company both in and out of service area. Include all employees, even those not eligible for benefits. If your current number of employees is less than 20 but you employed more than 20 employees for 20 or more weeks at any time during the past two years, enter the largest number of employees in that period. The 20 weeks do not need to be consecutive.

**2. Total number of eligible employees:**

Please include everyone who actively works for the company both in and out of the service area including eligible full time, eligible part-time, eligible early retirees, and COBRA participants as of the employer group's renewal rate effective date. Do not include temporary employees.

- To be eligible for coverage, a full-time employee must work a normal workweek of 30 hours or more and be hired for period of at least five months.
- To be eligible for coverage, a part-time employee must work at least 15 hours per workweek and be hired for period of at least five months.
- A temporary employee is one who works on a full-time or part-time basis for a period of fewer than five months.

**3. Total number of eligible employees subscribing with HPHC-NE:**

Please enter the number of total eligible employee, including early retirees on the active plan and COBRA participants, subscribing with HPHC-NE.

**4. Number of employees waiving coverage:**

Please enter the number of eligible employees declining coverage due to coverage under another health plan as a spouse or dependent, Medicare, Veterans Program, or sponsored by a second employer.

**5. Number of employees declining coverage:**

Please enter the number of eligible employees declining coverage due coverage under another plan sponsored by this employer (if HPHC-NE is not the sole source carrier), or coverage purchased through a non-group plan.

**6. Number of employees not wanting to participate on any health care benefits at this time:**

Please enter the number of eligible employees declining health insurance entirely.

**7. Check the box if HPHC-NE is your only Health Insurance Carrier:**

HPHC-NE requires 75% participation of eligible employees on a stand-alone basis, and 37.5% participation as a dual option. Coverage is not guaranteed renewable if participation is not met.

### HPHC Policies

I agree to and understand that:

- coverage is available on a guaranteed issue and guaranteed renewable basis, subject to satisfaction of HPHC-NE Underwriting Guidelines;
- all HPHC-NE rate quotes are subject to a review of final enrollment;
- HPHC-NE reserves the right to audit to ensure adherence to underwriting guidelines and to re-rate based on audit findings;
- coverage may be declined or modified if complete information is not received, and may be modified or declined upon receipt of complete information; and
- employer will meet HPHC-NE eligibility/participation requirements, which will be reviewed on an annual or an as needed basis.

I certify that all employer information and employer data reported on this renewal form is accurately represented.

Signature, Employer or Authorized Broker/Consultant

Title

Date

Please return form to the attention of your Account Executive at: Harvard Pilgrim Health Care, 160 South River Road, Bedford, NH 03110 or fax to Account Executive at: (603) 656-9560