

**National General Benefits Solutions  
Self-Funded Health Program  
Initial and Ongoing Enrollment Reporting Requirements**

**Employer Agreement and Attestation**

The National General Benefits Solutions Self-Funded Health Program (Program) is made available to employers who meet our underwriting criteria. We want to establish a long and successful relationship with you ensuring that our Program meets the needs of you and your employees. In order to pave the path to success you need to understand our underwriting criteria and the need for full disclosure and complete submissions. There are several steps that are necessary to achieve an accurate rate.

**Step 1      Employee Enrollment Form Submission**

National General relies on Employee Enrollment Forms to develop accurate pricing for the stop loss coverage and overall Program pricing.

- All eligible employees must submit complete and accurate Enrollment Forms if they are enrolling for coverage.
- Any eligible employee who waives coverage should check off the “waive coverage” box on the Enrollment Form.
- If we do not receive an Enrollment Form from any employee eligible for coverage we will assume they are waiving coverage and they will not be eligible to enroll.
- All employees who are currently not eligible for enrollment (such as those in a waiting period), but will be eligible or enrolling within the first 90 days of the program must also submit an Enrollment Form.

This requirement applies to the initial enrollment, acquisition of another business or the addition of a previously ineligible group of employees along with new employees enrolling after the open enrollment period. If your plan allows employees to join outside of the annual open enrollment period if they have a qualifying life event (QLE), that employee must submit evidence of the QLE.

National General reserves the right to not cover under the stop loss policy claims, which means your health plan may be responsible for those claims, for any employee and/or the employee’s dependents if that employee:

- Fails to submit an Enrollment Form; or
- Submits an employee only Enrollment Form and then enrolls dependents in the health insurance plan; or
- Misrepresents or withholds material information on the Enrollment Form; or
- Fails to submit satisfactory evidence of that employee’s eligibility ( proof of QLE).

In addition, should your total enrollment vary by more than 10% from the initial enrollment, we reserve the right to revise the premiums for the Program.

## **Step 2**      **Census Attestation**

I attest that I have disclosed all eligible employees and their dependents (if applicable) currently working for my business(es), including those employees in a waiting, training or affiliation period and any newly hired employees who are not on the most recent quarterly wage and tax report or submitted census, and I have accurately indicated whether such employees are enrolling or waiving coverage.

I agree that I will notify National General within five (5) business days of any eligible employees that are hired prior to the requested effective date of coverage by submitting an Enrollment or waiver form.

I understand that any eligible employees hired prior to the coverage effective date and not disclosed to National General during the initial enrollment process (including those eligible employees in a waiting, training or affiliation period) or who submit an enrollment form within 31 days of the coverage effective date or date coverage is issued (whichever is later), may result in a change in my total premium and fees for the Program back to the effective date for the entire group. I also understand that any enrollment forms received for any such employee beyond this 31 day period will NOT be enrolled for coverage until the earlier of: 1. The next annual open enrollment period; or 2. They have a QLE that makes them eligible for coverage.

Additionally, I understand that any eligible employee and/or dependents (if applicable) who waived enrollment during the initial open enrollment process will not be eligible to enroll for coverage until the earlier of: 1. The next annual open enrollment period; or 2. They have a QLE that makes them eligible for coverage.

## **Step 3**      **Review and Sign**

By signing below, I certify that I have reviewed and understand each of the provisions above and that all information I have provided is true and accurate.

Employer Signature and Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I acknowledge that I understand the provisions above and have discussed such provisions with my client.

Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_