

2010

LIA Enterprise Membership Agreement

LIA Enterprise Membership
ENROLLMENT PROCESSING CENTER
48 South Service Road - Suite 301
Melville, NY 11747
1-800-431-1290

Company Name: _____ Industry: _____
Tax ID#: _____
Mailing Address: _____
City: _____ County: _____ State: _____ ZIP+4: _____
Telephone: _____ Ext.: _____ Fax: _____
E-MAIL: _____ Web site URL: _____

<p>Atlantis HEALTH Plan Selections</p> <p><input type="checkbox"/> #1 HMO 20.....Rx \$20/\$30/\$40</p> <p><input type="checkbox"/> #2 HMO 20.....Rx \$0 Generic*</p> <p><input type="checkbox"/> #3 HMO 10.....Rx \$20/\$30/\$40</p> <p><input type="checkbox"/> #4 POS 20/2000Rx \$20/\$30/\$40 (Available for Renewal Only)</p> <p>*Generic Drugs: \$0 copay, \$0 deductible – no maximum. Brand drugs: \$25 copay, \$250 annual deductible & an annual maximum of \$2,000 for covered brand drugs only.</p> <p><input type="checkbox"/> 2 Tier <input type="checkbox"/> 4 Tier</p>	<p>HIP Benefit Plan Selections</p> <p><input type="checkbox"/> #1 HMO 30/50 1000 Rx Deductible \$300, \$20/30/50</p> <p><input type="checkbox"/> #2 PPO 30/50 IN 2000 Rx Deductible \$300, \$20/30/50</p> <p><input type="checkbox"/> #3 PPO 30/50 IN 2000 ... Rx Ded. \$100, \$10 Generic only</p> <hr/> <p>GHI Benefit Plan Selections</p> <p><input type="checkbox"/> #1 PPO 30/1000 Rx \$100 Deductible \$10/50%/50% \$3,000 annual retail max.</p> <hr/> <p>Emblem Benefit Plan Selections</p> <p><input type="checkbox"/> #1 PPO HSA - \$5,000/100% - OON \$10,000/80%</p> <p><input type="checkbox"/> #2 EPO HSA - \$5,800/100%</p> <p><input type="checkbox"/> #3 EPO High Deductible Non-HSA - \$10,000</p>
---	--

The LIA Enterprise agrees to perform the following administrative services for sole proprietors: enrollment, billing, collection, delinquency management, premium disbursement, commission disbursement, reconciliation and records management. The LIA Enterprise will perform those functions so that all enrollment information will remain privileged and confidential and that the confidential process will follow HIPAA protected health information guidelines. The LIA Enterprise adds a \$14 monthly administrative fee to the health insurance premium for the aforementioned services. The administrative fee will be detailed on each monthly premium bill. **There is also a \$50 Enterprise Membership fee (due at renewal) which will be billed separately. Please prepare a separate check for the \$50 Membership fee at initial enrollment and renewal. Please be aware that HIP's renewal is April 1st of each year.**

The Member acknowledges and represents that it understands that the LIA is not providing health or dental insurance and that the participating insurers are providing the insurance offered through the LIA. The Member further acknowledges and represents that it understands that the LIA is not providing a vision discount program and that Davis Vision is providing the vision discount program offered through the LIA.

Existing Long Island Association member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If existing Long Island Association member, \$50.00 fee is waived.
A \$14 MONTHLY BILLING FEE WILL BE ADDED TO YOUR PREMIUM AND IT WILL BE DETAILED ON EACH BILL.	
Proprietor Name _____ Last Name _____ First Name _____ Middle Initial _____	Full-time sole proprietor working more than 20 hrs/wk <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form I certify that the above company is a legal entity. I also certify that I am the salaried sole proprietor of that company. I agree to submit tax documentation and understand that the documentation and information provided is complete and true, and further, that it is the basis upon which health insurance is being made available. I also understand that omissions, misrepresentations and misstatements about company information or employment data could result in termination of my sole proprietor health insurance and denial of claims.

Signature / Sole Proprietor _____ Date _____
Print Name/Title _____

This agreement shall take EFFECT on the 1st of _____, 2010 upon receipt of the first month's premium and the annual \$50 membership fee. This agreement is delivered in and governed by the laws of the State of New York.

For LIA Use Only:		LIE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Broker _____ Name	License # _____	Broker E-mail _____
GA _____ Name		