



# PEO4Me

## Partner Agreement

Tier	1 <sup>st</sup> Year	2 <sup>nd</sup> Year
Member Only	\$50	\$25
Member & Spouse	\$100	\$50
Member & Child(ren)	\$100	\$50
Family	\$100	\$50

### Comp Payment Schedule

\*Please note: Payment does not begin until the total reaches \$1000 of comp. No commission split on ancillary benefits.

Please fill out below and return to [info@peo4me.com](mailto:info@peo4me.com)

Name:

Broker Name:

Phone:

How many groups & individuals do you manage?

Do you have any informal/formal complaints filed against you with the Department of Insurance?

Do you have any claims paid under E&O?

**Please submit a copy of your E&O insurance**



# PEO4Me

## Broker checklist



### Important Submission Requirements

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Will this group meet participation?

We require 50% of the **total number of full-time employees** to participate in the plan. Any waiver must be a valid waiver with **proof of other coverage to be submitted**. We do not accept waivers with no other coverage.

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Is the Intake form **completely filled out** and signed by the **employer**?

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We will not accept intake forms that have missing information.

**Be sure to include:**

1. The total number of full-time W2 eligible employees
2. Weekly hours to be eligible for benefits (range 30-40 hours)
3. Employer contribution must be at least \$585

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Voided check

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Census (with **ALL full-time W2 eligible employees** included)

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I have read and understand the disclosures on this and the next page for this plan and shared them with the Group

### Important Group Notifications

- Birth and marriage certificates are needed at time of enrollment. If a child is adopted, adoption papers are required. If a child is a stepchild, tax forms that declare the child a dependent are required
- Employees will need to login to EASE even if waiving coverage
- Employees who waive will need to submit proof of other coverage (ie. insurance card from current carrier)
- Employee must have an SSN to become a member of this plan. A spouse can have a TIN number
- Group will need to cancel any prior policy themselves. We cannot cancel old policies even if they are BCBS
- Forms cannot be signed by the broker or agent. Enrollment forms and intake forms must be filled out and signed by the Employer and Employee on the policy.
- Groups of 20+ lives will be quoted with a custom Dental, Vision and Life plan.

## Disclosures:

- Calendar year plan, domestic partner coverage may vary by state.
- Prior deductible and out-of-pocket are not credited.
- \$27 monthly union dues per member including waivers. Proof of other coverage required to be submitted.
- In-network only coverage except for emergency. See SBC for details.
- Pricing valid through December 31st of the plan year.
- Copies of Marriage Licenses and Birth Certificates are required for dependents' coverage.
- Maintenance drugs must be filled through the OptumRx Mail Service Pharmacy, which covers up to a 90-day supply. (Prescriptions can be filled up to 2 times at your local pharmacy, if you need to remain on the drugs for longer, they are called maintenance drugs and need to be filled by OptumRx Mail Service Pharmacy). Prescriptions cannot be filled at Sam's Club or Walmart.
- All coverages begin on the 1st of the month. Enrollments must be completed by the 15th of the month prior.
- Payment drafts for individuals occur on the 15th of every month.
- A \$50 late fee will be charged for insufficient funds the first instance. A \$100 late fee will be charged for second insufficient funds. The coverage will be terminated if there is a 3rd instance of insufficient funds.
- Payment drafts for PEO 4 ME GROUP occur on the 18th of every month. A \$50 late fee will be charged for insufficient funds.
- There is no access to BCBS online portal. You will be sent your Explanation of Benefits (EOB) in the mail directly to your address.
- The ID cards will only have the member's name on them, even if dependents are on the plan. If you need additional cards for dependents, please contact [service@uhesllc.com](mailto:service@uhesllc.com)
- 1 year minimum contract required.

**\*I have read the disclosures, comp schedule and broker checklist and would like to apply to become a PEO 4 ME referral partner.**

Signature:

Date Signed: