
Small Employer Vision Group Application Instructions

Instructions

The attached form should be completed with the assistance of your authorized Broker.

Please complete all necessary forms in their entirety. Please print in ink or type your responses. Ensure that all areas requiring a **signature and date are complete.**

Completed enrollment application forms should be sent to your authorized Broker **prior to your effective date.**

Documents Included

Attached you will find the form that must be completed and submitted for each New Jersey small employer group applying for vision coverage:

- Application for a Small Employer Vision Benefits Policy.
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Other Required Documents

In addition to the form listed above, depending on the preferred payment method, the following items may also be required:

- Automatic Pay Plan Application (#8977).

When submitting your paperwork as required above, you must also submit the following:

- Enrollment Change/Request Form (#6803) - One form is needed for each employee enrolling. Your authorized Broker will provide these forms.
 - First month's premium - All new cases must be submitted with a company check for the first month's premium payable to Horizon BCBSNJ. If a case is submitted without a premium check, the case will be returned.
 - Rate Sheet - The rate sheet generated for the group should match the product selected in Section II of the Application and the corresponding premium rates based on whether you selected Employer Paid or Employee Paid.
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Mailing Instructions

Please send the completed paperwork and attachments to:
Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East PP-13T
Newark, NJ 07105-2200



APPLICATION FOR A SMALL EMPLOYER VISION BENEFITS POLICY

Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East PP-13T
Newark, NJ 07105-2200

Horizon Blue Cross Blue Shield of New Jersey

Please print or type New Policy Change in Policy Policy No. _____ Requested Effective Date _____

SECTION I: POLICYHOLDER INFORMATION

1. Policyholder (full legal name of company): _____
2. Tax Identification Number:

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 E-mail Address: _____
3. Main Address: _____
STREET CITY STATE ZIP CODE COUNTY
 Mailing Address (Billing): _____
STREET CITY STATE ZIP CODE COUNTY
 Telephone:

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 Facsimile:

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
4. Name of Company Official: _____ Title: _____
5. Type of Organization: Corporation Partnership Proprietorship Other (explain): _____
6. Nature of Business (specify): _____ SIC Code: _____
7. Number of eligible employees in your company: _____ 8. Number of eligible employees to be insured: _____
(Eligible employees are those who work at least 25 hrs. per week)
9. Class or classes to be excluded: _____
10. Insurance requested for: Employees Only Employees and Dependents
 Should the plan provide coverage for domestic partners as permitted by P.L. 2003, c. 246? Yes No
11. Is the employer subject to the requirements of COBRA? Yes No
12. Waiting period before employees become insured:
 Present employees: no waiting period One month Two months 90 days
 New employees: no waiting period One month Two months 90 days
 Rehired employees: no waiting period One month Two months 90 days
13. Deposit \$ _____
 Premium Paid: Monthly Automatic checking withdrawal
The premium for the first month of coverage must be attached.
 Premium will be due as of the effective date.

SECTION II: SPECIFICATIONS FOR COVERAGE

- Select one of the following coverage options:
- | | | |
|--|--|--|
| <input type="checkbox"/> Horizon Expanse VII (Alt A) | <input type="checkbox"/> Horizon Panorama IV (Alt A) | <input type="checkbox"/> Horizon Vista II |
| <input type="checkbox"/> Horizon Expanse VII (Alt B) | <input type="checkbox"/> Horizon Panorama IV (Alt B) | <input type="checkbox"/> Horizon Vista III |
| <input type="checkbox"/> Horizon Expanse VIII | | <input type="checkbox"/> Horizon Vista IV |
| <input type="checkbox"/> Horizon Expanse V | | |
- What percentage of the premium will the employer pay? _____
- Select one of the following employer contributions levels:
- Employer pays (employer pays 75% or more of premium)
- Employee pays (employer pays less than 75% of premium)
- Refer to attached rate sheet

SECTION III: SIGNATURE

It is understood that no individual shall become insured while not actively at work on a full-time basis, and only full-time employees are eligible. A full-time employee is one who regularly works at least 25 hours per week at his employer's place of business. Only adults 19 and over are eligible for coverage. Dependents are eligible for coverage from age 19 through the end of the month the dependent reaches age 26. It is further understood that no agent has power on behalf of Horizon Blue Cross Blue Shield of New Jersey to make or modify any request or application for insurance or to bind Horizon Insurance Company on behalf of Horizon Blue Cross Blue Shield of New Jersey by making any promise or representation or by giving or receiving any information.

It is further understood that no insurance will be effective unless and until the application is accepted in writing by Horizon Blue Cross Blue Shield of New Jersey. No contract of insurance is to be implied in any way on the basis of the completion and or submission of this application.

Any person who knowingly files a statement of claim, application for insurance, enrollment form, or certification containing any false or misleading information may be subject to criminal and civil penalties.

Print name of Officer, Partner, or Owner

Signature of Officer, Partner, or Owner

Witness to Signature

Dated at _____ on _____

Note: If there are any modifications to the statements and answers given in this application (i.e., crossed out, whited-out, erased information), the applicant must attest to the modifications by giving a complete signature in the margin near the modification.

AGENT/PRODUCER INFORMATION (THIS INFORMATION MUST BE ANSWERED COMPLETELY)

| | | | |
|----------------------|----------------|------------------|----------|
| _____ | | | |
| BROKER SIGNATURE | DATE | VENDOR NUMBER | |
| BROKER-NAME | NAME OF AGENCY | TELEPHONE NUMBER | |
| STREET | CITY | STATE | ZIP CODE |
| OTHERS (NAME, TITLE) | | | |
| SPECIAL INSTRUCTIONS | | | |
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FOR INTERNAL GROUP VISION ENROLLMENT USE

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|--------------------------------|--|
| Coverage Code | |
| TOTAL APPLICATIONS SUBMITTED | |
| TRANSFER FROM GROUP # _____ | |
| EMPLOYER CONTRIBUTION | |
| EFFECTIVE DATE | |
| FUTURE RATE RENEWAL DATE | |

| | | |
|--------------------------------|-------|-------------|
| _____ | | |
| SALES ASSOCIATE SIGNATURE | DATE | ITEM NUMBER |
| | | |
| APPROVED BY: _____ | _____ | _____ |
| SALES ADMINISTRATION SIGNATURE | TITLE | DATE |



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo ookikíí bik'ehgo hodílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔