

Group Renewal Confirmation Form



Important! Complete and submit this renewal form to PacificSource even if there are no changes.

Small group renewals can be submitted electronically by logging in to InTouch for Employers or InTouch for Agents.

If we do not receive your renewal confirmation by the 20th of the month prior to your renewal date, your coverage will automatically renew based on the plan design shown on your renewal exhibit.

Group name _____ Group no. _____ Renewal date _____

Renewal Options

Option 1

Renew on current plan design. All group contract and eligibility information remains unchanged, except as required by regulations.
Skip to signature line page 2.

Option 2

Make changes as noted on this form.
(Please note any section left blank will remain unchanged.)

Eligibility Changes *(Any section left blank will remain unchanged.)*

Probationary Waiting Period *(Please select one)*

Date of hire (premium prorated first month)

First of the month following 60 days

First of the month following date of hire

90 calendar days; effective on 91st calendar day (premium prorated first month)

First of the month following 30 days

Other _____

If the last day of the probationary period falls on first day of the month, when will the new employee be effective?

Eligible that day Must wait until the first day of the following month or 91st day, whichever comes first (default if not marked)

Minimum Hours

How many hours per week must employees work to be eligible for coverage? Hours per week _____

Employer premium contribution *(the amount the employer will contribute toward the employee and dependent premium)*

Indicate a percentage (%) or dollar amount (\$).

Medical: Employee ____% Dependent ____% Dental: Employee ____% Dependent ____%

Does your group have an HRA?

No Yes; if yes, what does the employer contribute to account? \$ _____

Eligible members: This plan covers

Employee + spouse/registered or unregistered domestic partner + children

Employee only (option only for small groups)

Employee + children only (option only for large groups)

Continued on reverse >

Benefit Changes (Any section left blank will remain unchanged.)

Large group (attach final renewal rates)

Renew on current medical plan design(s).

Renew on current dental plan design.

Change to the plan(s) below. List the plan name(s) exactly as listed on your renewal notice (i.e., Navigator 1000+25_20).

Medical/Rx plan(s) _____

Vision plan _____ Dental plan _____

Orthodontia max \$1,000 \$1,500 Other/custom (indicate details) _____

Small group

Renew on current medical plan design(s).

Renew on current dental plan design.

Change to the plan(s) below. List the plan name(s) exactly as listed on your renewal notice (i.e., Navigator Gold 1000).

* Billing structure (check one): Age banded rates (based on age) Tiered rates (ID, OR & MT) *For Idaho and Montana groups only

Medical plan(s) _____

Dental plan _____

Cosmetic Orthodontia (Orthodontia is available to groups in Idaho, Oregon and Montana with 26 or more enrolled employees)

The ACA requires small groups that provide health coverage to offer pediatric dental coverage. If you do not have dental coverage with another insurer, we recommend you add a family or pediatric dental plan to your package.

Termination

Terminate this coverage at renewal: Medical Dental Other _____ All lines of coverage

Reason _____ New carrier(s) _____

Signature (please read carefully)

- I acknowledge that retroactive changes to benefits or eligibility are not allowed. Any off-renewal change requests will be effective the first of the month following the date that PacificSource receives the written request.
- I understand that eligibility standards must be adhered to for all employees and their eligible dependents. I agree to make all coverage options available to all eligible employees that satisfy the hourly and probationary wait requirements.
- I understand that it is my responsibility to comply with the eligibility provisions of the Affordable Care Act and any related state or federal guidance. Noncompliance may result in the group penalty from federal agencies.
- I understand that I am accepting all changes outlined in the notice of change letter or as required by federal regulations.

Print Name _____

Signature _____ Title _____ Date _____

Signature and date are required.

Submit by location to:

Oregon

Bend: BendSales@PacificSource.com

Medford: MedfordSales@PacificSource.com

Portland: PortlandSales@PacificSource.com

Springfield: SpringfieldSales@PacificSource.com

Fax: (541) 225-3645

PO Box 7068, Springfield, OR 97475-0068

Idaho

IdahoSales@PacificSource.com

Fax: (208) 344-4262

408 E. Parkcenter Blvd. Ste 100,
Boise, ID 83706

Montana

MontanaSales@PacificSource.com

Fax: (406) 422-1010

828 Great Northern Blvd., Ste 101,
Helena, MT 59601

Renew online using InTouch for employers at InTouch.PacificSource.com/employers/account/login or InTouch for agents at InTouch.PacificSource.com/agents. View benefit summaries at PacificSource.com/plan-summaries.