



NATIONAL HEADQUARTERS

249 Green Street
Schenectady, NY 12305

Phone: 800-637-3331

Fax: 518-370-4129
Fax: 888-568-3823

ASSOCIATION MEMBERSHIP AND INSURANCE PARTICIPATION GUIDELINES

1. The United States Federation of Small Businesses, Inc. is a national association of small businesses for small businesses.
2. Membership is applied for by the business owner and not the individual employee; however, once the business is an active member of USFSB the employees are also eligible for many membership benefits.
3. Member businesses are dues paying entities with a recognizable business structure (i.e. self-employed, partnership, corporation).
4. Member businesses must be legally recognized by their state and file taxes as a business.
5. A business check must accompany all applications.
6. One business check must be sent for all premium payments for all participating employees.
7. Documentation showing business legitimacy and verifying the number of employees must accompany the membership application. No insurance applications will be processed or sent to the insurance carrier without the required documentation. **Acceptable documentation is as follows:**

ONE PERSON BUSINESS

A One Person Business is:

- A. Sole Proprietor** when the sole owner is the only employee of the business.
Documentation Required:
Most recent Schedule C, which the insurance carriers require you to sign, plus the 1040 portion of the federal tax return. A Schedule C is the profit and loss form that indicates the income and expenses for your business; or Most recent Schedule F, which the insurance carriers require you to sign, plus the 1040 portion of the federal tax return. A Schedule F shows farming income and expenses.
Alternate Proof for A New Business:
A letter from a CPA or Attorney, on their letterhead stating the business is new, the owner will work more than 20 hours per week, will earn at least \$xxxxxx per year and will send us the Schedule C or F once it is filed. Many carriers also require a copy of the filed DBA and a voided business check or letter from the bank stating that a business account has been set up and checks have been ordered.
- B. Corporation** when there is only one shareholder who is the only employee.
Documentation Required:
Most recent 1120 Corporate tax return, signed by you, showing the sole shareholder plus a copy of the Certificate of Incorporation.
- C. Limited Liability Company**
 - When the only member of the LLC is an individual and also the only employee.
Documentation Required:
Most recent Schedule C or Schedule F, which the insurance carriers require you to sign, plus the 1040 portion of the federal tax return.
 - When the only member of the LLC is a Corporation.
Documentation Required:
Most recent copy of the 1120 or 1120S Corporate tax return, signed by you.
Alternate Proof for A New LLC
Copy of the Articles of Organization showing the member involved.

BUSINESS WITH 2 OR MORE EMPLOYEES

A 2+ Person Business is:

- A. Sole Proprietor** when, in addition to the owner, there is at least one other employee on payroll.
Documentation Required:
Most recent Schedule C, which the insurance carriers require you to sign, plus a signed copy of your Quarterly Wage and Tax Report listing the employee or employees. The Quarterly Wage and Tax Report, which is submitted to your state, lists the employees' name, social security number, wages, taxes and unemployment insurance information. Ex: In New York the Quarterly Wage and Tax Report is called the NYS45. Each state has its own version of this report.
- B. Corporation** that either has more than one shareholder and/or one employee or more.
Documentation Required:
Most recent 1120 Corporate tax return, signed by you, listing the shareholders, a copy of the Certificate of Incorporation plus the most recent signed Quarterly Wage and Tax Report listing the employee or employees.

- C. Limited Liability Company** that either has more than one member and/or one employee or more.
Documentation Required:
Most recent 1120 or 1120S Corporate tax return, signed by you, plus the most recent signed Quarterly Wage and Tax Report listing the employee or employees; or Copy of the most recent 1120, 1120S or 1065, signed by you, plus the most recent signed K-1s for all partners and the most recent signed Quarterly Wage and Tax Report listing the employee or employees.
- D. Partnership** that either has more than one partner and/or one employee or more.
Documentation Required:
Most recent 1065 Partnership tax return, signed by you, plus most recent signed K-1s for all partners. Plus the most recent signed Quarterly Wage and Tax Report listing the employee or employees.
Alternate Proof for A New Partnership
Certificate of Partnership listing all partners and the percentage of ownership with a letter stating the K-1s will be sent once they are filed.
- E.** A W-4 must be provided for all new employees who are enrolling in health insurance plans. A signed copy of your Quarterly Wage and Tax Report must also be provided even though the new employee is not on it. A copy of the Quarterly Wage and Tax Report listing the new employee must be provided within 90 days of the new person's employment.
- 8.** If you are unable to file your taxes by the required date, you can file for an extension by using Form 4868 for a Sole Proprietor, Form 7004 for a Corporation or Form 8736 for a Partnership. A signed copy of this form along with the prior years filed tax documents is acceptable proof of business for some insurance carriers.
- 9.** Insurance carriers have different annual business income requirements. For example, Blue Shield of Northeastern New York requires \$15,000.
- 10.** Many health insurance carriers have specific group enrollment forms to be filled out and submitted along with the insurance application, including a waiver form to be filled out by any employee electing not to enroll in the coverage.
- 11.** In many cases, the number of employees, including the owner, in the business will determine the premium rate.
- 12.** In some cases insurance products will have the same coverage or benefits but different rates solely due to multiple tier structures.
- 13.** Some carriers have Participation Requirements which means they require a minimum number of employees or a specific percentage of the employees to enroll in their health plan.
- 14.** Membership and health applications are reviewed upon receipt. USFSB may request additional information at any time to verify the business status. This is done on a case-by-case basis.
- 15.** Health insurance carriers have the legal right to ask for reverification of business status and/or updated information at any time. In most cases, this information will be requested once a year. If the requested information is not provided, the health insurance coverage will be cancelled by the carrier.
- 16.** Member businesses applying for health insurance must be located in the requested insurance company's service area.
- 17.** Health insurance participants must be actively working owners or employees of the member business and must be on the company payroll. Each insurance carrier determines the number of working hours in a week necessary to be eligible for their insurance plan. The week runs from Sunday to Saturday.
- 18.** Eligible employees must enroll in the health insurance plan at the time the business chooses to participate, or they must wait for open enrollment or enroll within 30 days of a qualifying event.
- 19.** A new employee must apply for insurance coverage within 45 days of employment to guarantee coverage takes effect within the required 90 days of employment. If they do not do so, they must wait until the insurance plan's open enrollment or within 30 days of a qualifying event unless otherwise indicated by the insurance carrier and employer upon enrolling the business in a group plan.
- 20.** A married employee enrolling as an individual subscriber in the health plan cannot add the spouse or existing dependents until open enrollment or within 30 days of a qualifying event. If a qualifying event occurs such as a spouse loses their job or their health insurance, we can request a review of this policy and in some cases an exception to the enrollment procedures can be made.
- 21.** A newborn must be added within 30 days of birth or must wait until open enrollment or within 30 days of a qualifying event.
- 22.** A business owner has the option to change their health plan benefits, with their existing insurance carrier, each year on the open enrollment date for that particular plan.
- 23.** Completing and submitting an insurance application is not a guarantee of coverage. The acceptance of the application is subject to carrier approval. Please do not cancel your current insurance until you receive verification from the new insurance carrier of your policy effective date. Please review your current carrier's insurance contract and termination policy. In some cases you are required to provide the health carrier with a 30 day written notice prior to a cancellation.
- 24.** These guidelines are subject to change based on the specific underwriting requirements of each insurance carrier and state regulations.
- 25.** Insurance carrier guidelines are regulated by the state's insurance department in which the company does business.

CANCELLATION & REINSTATEMENT PROCESS

1. All payments must be received by the specified due date. If they are not received by that date, your insurance will be cancelled on the first of the coverage month that has not been paid for. A person who is cancelled for nonpayment of premium may not be able to enroll with the same health insurance carrier for one year.
2. If you choose to cancel your policy, we must receive your written cancellation request prior to the actual cancellation date.
3. All reinstatements are subject to the carrier's approval. Reinstatement payments may be required to be in the form of "guaranteed funds" i.e.: money order, bank check, cashier's check, etc. If a reinstatement is approved a reinstatement fee may apply.
4. Some insurance carriers do not allow reinstatements at any time.

USFSB DUES POLICY

1. Initial Membership Dues are refundable within 90 days of the effective date of the Membership, if you are not satisfied with your Membership, unless you wish to maintain any USFSB sponsored insurance coverage.
2. All payments of renewal Membership Dues are non-refundable.
3. You must be a dues paying member or a member of a dues paying organization to obtain and maintain any USFSB sponsored insurance coverage and/or maintain the privileges of Premium Membership.

USFSB REFUND POLICY

If you are sent a refund check, the following rules apply:

1. One time only, at your request and for good cause, we will send a reissued check upon receipt of the original check and if, for any reason, you cannot return the original check, a stop payment fee will be deducted from the amount of the reissued check.
2. If any refund check is not cashed or negotiated within six months of the date it was mailed to you, payment will be stopped, the refund will be deemed abandoned by you and no further checks will be issued.