

UFSBS Insurance Disclaimer

A. An individual cannot assume he/she has effective insurance coverage even if he/she has filled out and submitted an application, provided proof of business, made a payment, completed a census, received an acknowledgement letter from USFSB verifying that their application has been sent to the appropriate carrier and/or performed any other function on the website or otherwise. An individual can not assume that they have insurance coverage until the carrier has sent the individual a verification of coverage with the appropriate effective date.

B. The insurance carriers have the right to change the rules, regulations, terms of coverage, availability and guidelines that are placed on the application, policies and enrollment at any time. USFSB continues to make every effort to keep up to date with the rules, regulations, terms of coverage, availability and guidelines that the insurance carriers determine; however, USFSB cannot guarantee that the website has been updated to reflect the current rules, regulations, terms of coverage, availability and guidelines.

C. Rates change periodically depending on the carrier, open enrollment for the carrier and the type of available insurance products. USFSB continues to make every effort to verify these rates for our members; however, USFSB cannot guarantee that the website has been updated to reflect the current rates.

D. There will be situations where insurance products will have the same coverage or benefits but different rates solely due to multiple tier structures. In addition, not every product found in a statewide search will be available in every county

E. Whenever both a USFSB Summary of Benefits and the Carrier's Summary of Benefits are presented, the Carrier's Summary of Benefits should be considered more accurate. However, in either case, the Summary of Benefits is simply an overview of the coverage provided by the carrier and USFSB cannot guarantee that the information posted is current, complete, or accurate.

F. The monthly cost of insurance plans billed by USFSB includes an administrative/association participation fee.

By submitting an application, you are indicating that you have read and understand these Notices and agree to be bound by all terms and conditions for using the United States Federation of Small Businesses website.



NATIONAL HEADQUARTERS

249 Green Street
Schenectady, NY 12305

Phone: (800) 637-3331
Fax: (518) 370-4129

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 \$xxxxx 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:

NEW YORK CITY OFFICE
P.O. Box 3576
New York, NY 10008

Phone: 718-701-0087
Fax: 212-380-1484
Customer Service: 800-637-3331



GOVERNMENT AFFAIRS
6916 Wolf Run Shoels Road
Fairfax Station, VA 22039

Phone: 800-637-3708
Fax: 703-978-8039

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.

A. 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 re-verification 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.
- 26.** The monthly cost of insurance plans billed by USFSB includes an administrative/association participation fee.

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.

USFSB Insurance Checklist

1. USFSB Membership Application with \$60 dues payable to USFSB.
2. Signed Notice of Election form for each employee enrolling in the plan (Original signature of each employee)
3. Proof of business – listed on the USFSB Guidelines
 - If enrolling in a GHI HMO plan 2 proofs of businesses required
4. 1st month's premium made payable to USFSB
5. Applications need to be submitted by the date indicated on the bottom summary of benefit page.

All the above are to be sent to: USFSB
249 Green Street
Schenectady, NY 12305

- The 1st month's premium and yearly dues can be in one check
- Dues only can be paid by credit card.

Davis Vision Enrollment Application

Employee (Member) Information (Please Print)

DAVIS

www.davisvision.com

AGE

Employer/Group Name		Reason For Application: <input type="checkbox"/> Addition <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> Waive Coverage		
Employee (Member) First Name / Middle Initial / Last Name				
Mailing Address		City	State	Zip code
Employee (Member) Identification Number	Effective Date Month Day Year		Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Retired (Date) _____	
Employee Phone Number			Employee Hire Date Month Day Year	

Check Type of Coverage:

Employee Only

Employee and Spouse or Domestic Partner

Family

Employee & Child

Employee & Children

To be completed by Account Administrator or Human Resources representative only:

Group Number _____

Payroll Code _____

Subgroup Code _____ Plan Code _____

Please indicate the change(s) that you need to make to your record:

<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change Birthdate	<input type="checkbox"/> Change Report Code	<input type="checkbox"/> Change in Group	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Employee/Children	<input type="checkbox"/> Employee and Child
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change Effective Date	Existing _____	Number _____	Status to:	<input type="checkbox"/> Employee and Spouse / Domestic Partner	<input type="checkbox"/> Family
<input type="checkbox"/> Change of Phone	New _____	New _____	New _____	<input type="checkbox"/> Employee Only		

Complete If Applicable Self	First Name / Middle Initial / Last Name	Social Security Number	Change	Effective Date of Change			Sex	Check If		Birth Date*		
				MM	DD	YY		F/M	Student Over 19	Disabled	MM	DD
				<input type="checkbox"/> Add <input type="checkbox"/> Term								
<input type="checkbox"/> Spouse <input type="checkbox"/> Dom. Part			<input type="checkbox"/> Add <input type="checkbox"/> Term									
<input type="checkbox"/> Child <input type="checkbox"/> Other			<input type="checkbox"/> Add <input type="checkbox"/> Term									
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<input type="checkbox"/> Child <input type="checkbox"/> Other			<input type="checkbox"/> Add <input type="checkbox"/> Term									

"I certify that this enrollment information is true and correct."

* Required for all members/dependents

Member/Employee Signature

Date



USFSB MEMBERSHIP APPLICATION



Date _____

Company Name _____

Company Street Address _____

Mailing Address (if different) _____

City, ST _____ Zip _____

Telephone(_____) _____ Fax(_____) _____ Your Web Site _____

Owner/Principal Ms. Mr. Mrs. _____

Title of Owner/Principal _____ E-mail _____

Type of Business/Trade _____ No. of Employees _____
(including yourself)

Annual Membership Fee..... \$ 100.00

The annual membership fee will be reduced to \$60.00 if you enroll in any of USFSB's sponsored health or dental insurance, with an effective date within two months of your initial membership. Thereafter, on your membership renewal date, if you are enrolled in any of USFSB's sponsored health or dental insurance your annual membership fee will be \$60.00. If not, it will be \$100.00.

Your Premium Membership gives you the opportunity to save money!
Please visit our website, www.usfsb.com and view the many products and services available to

Premium Members including:

- Heartland Payment Systems (payroll services)
- Heartland Payment Systems (credit card services)
- LOW COST Health Insurance
- Office Products & Supplies Discounts
- International Health Insurance
- Movie Tickets & Resort Discounts
- Discount Prescription Card
- Member-To-Member Discount Program
- Free Web Pages (up to five pages)
- FedEx Shipping Discounts
- Sprint/Nextel Wireless Discounts
- McAfee Security (anti-virus software)
- LOW COST Dental Insurance
- Freightquote.com (discount freight shipping)
- Travel & Car Rental Program
- Collection Services Discounts
- LOW COST Vision Insurance
- USFSB Direct Marketing
- HighBeam Research
- FedEx Kinkos (printing service)

We are confident that you will find your Premium Membership in USFSB to be a valuable asset

JOIN TODAY on our web site: www.usfsb.com

Payment Information MasterCard VISA

Account# _____

Expiration Date (Mo/Yr) _____ / _____

Signature _____

USFSB BROKER NUMBER (IF ANY): _____

Enrollment Information

By Phone: Call 1-800-637-3331 MasterCard and VISA accepted.

By Fax: Fax 1-518-370-4129 or 1-888-568-3823 Complete the Membership Application above, including the credit card information.

By Mail: Complete the Membership Application above and mail your personal or company check to:

USFSB Inc., Attn: Membership Department, 249 Green Street, Schenectady, NY 12305

Office Hours: 9a.m.-5p.m. EST

- USFSB Use - Received: _____
- USFSB Use - Company No.: _____

Payment must accompany application. Membership dues are deductible as an ordinary business expense. If within 90 days of your initial application you are not completely satisfied with your membership, USFSB will refund the membership dues in full. You must be a dues paying member to obtain and maintain any of USFSB's sponsored insurance. Scriptsave Discount Prescription Card is offered without additional charge with most USFSB health insurance without Rx coverage, otherwise there is a \$10/year handling charge.

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