

Employer Application

Business Express

The Massachusetts Health Connector's Business Express program is a fast and easy way for employers with 50 or fewer employees to offer health and dental benefits to full-time employees. There are no membership or monthly fees, and you can choose plans from the state's leading insurers.

This application should only take **5 to 10 minutes** to complete.

Each of your eligible employees will also need to complete an Employee Application, which you must submit to the Health Connector.

It's easier and faster to apply online!

Visit MAhealthconnector.org to complete this application online.

Does your business qualify for health and/or dental insurance coverage?

Small businesses must meet **all** of these requirements:

- Be a small employer, employing 1 to 50 employees.
 - Be actively engaged in business.
 - Offer, at a minimum, coverage to all full-time employees (full-time employees are defined as working an average of 30 hours per week).
 - Have its principal business address in the Health Connector service area.
 - Offer coverage to all its full-time employees through the Health Connector; or offer coverage through the state-based Marketplace serving the employee's primary work location.
 - For health insurance, meet the Health Connector's employer contribution and participation rate requirements. There are no minimum requirements for dental plans sold through the Health Connector, but employer contribution and participation rates may affect your premium rate.
 - Enroll only qualified employees or COBRA/Mini-COBRA qualified beneficiaries.
- For more information about employer requirements, visit MAhealthconnector.org.

If you need help with this application:

- Contact a **broker**, if you have one.
- Visit MAhealthconnector.org.
- Call our Customer Service at **1-888-813-9220** or TTY: 1-888-213-8163.

Learn more about Wellness Track rebates:

Small employers who qualify can save 15% on their share of the premiums for a health plan. See if you can save money while promoting a healthy workforce at MAhealthconnector.org.

What happens next?

Send us this completed application and all of your employee applications by mail, fax, or email. You'll hear back from us within 5 to 10 business days. We'll let you know whether you qualify to buy insurance for your small business.

Questions?

Visit MAhealthconnector.org or call **1-888-813-9220** or TTY: 1-888-213-8163
Monday to Friday, 8:30 a.m. to 5:00 p.m.

STEP 1**Tell us about your small business.** *If you see this * it means you are required to answer.*

Company name *

Employer Identification Number (EIN) *

Doing business as (d/b/a)

Business type * Private sector Church or church-affiliated State or local government Foreign government
 Tribal government or tribally-owned or sponsored organization or business

Mailing address *

Unit or suite number

City *

State *

ZIP code *

Company phone *

Company fax

 Check here if your billing address is different from your mailing address, and write your billing address below:**Billing** address *

Unit or suite number

City *

State *

ZIP code *

How many full-time employees does your company have? _____

- A *full-time employee* is an employee who works on average at least 30 hours per week.
- Sole proprietors and their spouse, partners in a partnership and their spouses, and temporary workers and substitutes should not be included as *full-time employees*.

What is your company's industry or Standard Industrial Classification code? _____

- Don't know your company's code?
Look it up at www.osha.gov/pls/imis/sicsearch.html

Do you use a licensed insurance broker?

 Yes No **If yes**, please provide us with their information.

Broker first name

Last name

Broker license number

Brokerage house

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STEP 2**Tell us whom to contact about this application.***If you see this * it means you are required to answer.*

First name *	Middle name	Last name *	Suffix
Mailing address *			Unit or suite number
City *		State *	ZIP code *
Phone number *	Extension	Fax number	
Email address *			

STEP 3**Tell us what kind of insurance you would like to offer.**

Health insurance only
 Dental insurance only
 Health and dental insurance

I want to enroll my company in the Wellness Track program.



Employers with 25 or fewer employees may qualify to save 15% on their share of employee health insurance premiums. All Business Express employers are welcome to participate in the program. Wellness Track has the potential to increase productivity, boost job satisfaction and morale, and create a healthier environment for you and your employees. Learn more at MAhealthconnector.org.

If you would like to offer dental insurance, please answer the following questions.

- What percentage of the dental plan premiums will be covered by the employer? *
Please provide a value between 0 and 100%.
 Dental premiums for employees _____%
 Dental premiums for spouses and dependents _____%
- Has your group had dental coverage within the last year? * Yes No

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STEP 4**Sign and date this application.** *If you see this * it means you are required to answer.*

- I have provided truthful answers to all of the questions on this form to the best of my knowledge. I know that if I'm not truthful there may be a penalty.
- I know that the information on this form will only be used to decide if I qualify for health insurance and will be kept private, as required by law.
- I agree to abide by the Health Connector's Policies and Procedures, available at **MAhealthconnector.org**.
- I know that I must tell the Health Connector if anything changes or is different from what I wrote on this application. I can call Customer Service at **1-888-813-9220** or TTY: 1-888-213-8163 to report changes.

Print name *

Signature *

Date (month/day/year) *

STEP 5**Send us this completed application and all of your employee applications.**

All of your employees, even those who do not want coverage, will need to complete an Employee Application. Your application can't be processed until all of your Employee Applications have been received by the Health Connector. Employee Applications can be downloaded from **MAhealthconnector.org**.

- You can mail your completed application materials to:
Business Express Enrollment
554 Main Street
Worcester, MA 01608
- You can fax your completed application materials to: **508-770-0102**.
- You can email your completed application materials to **BExpress@MAhealthconnector.org**

You'll hear back from us within 5 to 10 business days. We'll let you know whether you qualify to buy insurance for your small business. If you do qualify, we'll provide you with information about your group's health and dental plan choices.

Questions?

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