

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. You can use it to apply for health or dental insurance. You can apply for *health* coverage online at **MAhealthconnector.org**. But you must use this paper application to apply for *dental* coverage. 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 for health coverage online!

If you're only applying for **health** coverage, visit **MAhealthconnector.org** to complete this application online.

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

*A small business, including a sole proprietorship, without any full-time employees, or where all full-time employees are tax dependents of the small business owner, does not qualify for Business Express. Go to **MAhealthconnector.org** to apply for an individual or family plan.*

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 benefits-eligible employees 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**, you must meet the Health Connector's employer contribution and participation requirements. Please note that between November 15 and December 15 there are no contribution or participation requirements. **For dental insurance**, there are no minimum requirements, but employer contribution and participation may affect your premium rate.
- Enroll only qualified employees or COBRA/Mini-COBRA qualified beneficiaries.

If you need help with this application:

- Contact your broker, or find one at **MAhealthconnector.org**.
- 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 up to 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 2 to 5 business days. We'll let you know whether you qualify to buy insurance for your small business.

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 * <input type="checkbox"/> Corporation <input type="checkbox"/> State or local government <input type="checkbox"/> Foreign government <input type="checkbox"/> Church or church-affiliated <input type="checkbox"/> Partnership <input type="checkbox"/> Tribal government or tribally-owned or sponsored organization or business <input type="checkbox"/> Other: _____			
Mailing address * (cannot be a PO Box)		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 a benefits-eligible 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 **If yes**, please provide us with their information.
☐ No **If no**, go to step 2.

Broker: First name		Last name	
Broker agency		Broker license number	
Agency address			
City	State	ZIP code	
Broker phone		Broker email	

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. Or contact your broker.

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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 will offer **health** insurance and 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 (not dental 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**.

Please answer the following questions about your employer premium contributions. There are no minimum contribution or participation rate requirements if you apply between November 15 and December 15 every year.

1. Health Insurance

- What percentage of the health plan premiums will the employer cover? *

For an individual plan, please provide a value between 50 and 100%.

For a non-individual plan, please provide a value between 33 and 100%.

Health premiums for employees _____%

Health premiums for spouses and dependents _____%

2. Dental Insurance

- What percentage of the dental plan premiums will the employer cover? *

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

Questions?

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Monday to Friday, 8:30 a.m. to 5:00 p.m. Or contact your broker.

STEP 4

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

- I understand that coverage can only begin after the Health Connector receives my payment, completed application, and all requested documents.
- 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 cannot be processed until all of your Employee Applications have been received by the Health Connector. Employee Applications can be downloaded from **MAhealthconnector.org**.

Health and Dental Plan or Health Plan Only

If you are offering both **health and dental** insurance, or only **health** insurance, send your completed application materials to:

Mail: Business Express Enrollment
554 Main Street
Worcester, MA 01608

Fax: 508-770-0102

Email: BExpress@MAhealthconnector.org

Dental Plan Only

If you are offering only **dental** insurance, send your completed application materials to:

Mail: Business Express Dental Enrollment
133 Portland Street, 1st Floor
Boston, MA 02114-1707

Fax: 877-623-2155

Email: sg dental@state.ma.us

You'll hear back from us within 2 to 5 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 insurance choices.

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. Or contact your broker.