Health Insurance Partnership

Small Business, Big Benefits

Employer Subsidy Renewal Application

You and your employees may continue to be eligible for the Health Insurance Partnership, which provides a premium subsidy from the State of Maryland to help small businesses insure their employees. The subsidy will be provided to your business in the form of a reduction in your health insurance premium.

A complete application includes this Employer Subsidy Renewal Application, an Employee Subsidy Renewal application from each full-time employee who was not previously covered by your insurance or who is requesting a new or continuing subsidy for dependent coverage, and a Producer Affirmation completed by your insurance agent or broker.

The Health Insurance Partnership is administered by the Maryland Health Care Commission.

Part I: Information about the Business

Federal Employer Identification Number _____
Maryland Central Registration Number _____

Name of business: _____
Address: _____
_____
City: _____ State: _____ ZIP: _____

Contact name: _____
Telephone: _____ Fax: _____
Email: _____

Part IA: Employer Contribution to Premiums and to Health Savings Accounts

This information is necessary to calculate the employer and employee subsidy amounts. Please complete when you have selected the plans you will offer and the amounts you will contribute toward coverage.

	Health plan Product ID:			**Health Plan Product ID:**		
Type of coverage	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)
Employee						
Employee/Child(ren)						
Employee/Spouse						
Family						

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Part II: Employee Information

Please list all eligible employees, whether or not they will be insured. An eligible employee is someone who has a normal work week of 30 or more hours at the business, and is not a temporary, seasonal or substitute employee. An owner, partner, or spouse of an owner or partner must be included if they work more than 30 hours a week at the business. Independent contractors who are eligible for the employer's health benefit plan must be counted if they work more than 30 hours a week.

For employees with significant income from tips, report income as you would on the quarterly wage report.
(A representative quarterly wage from the DLLR report can be used, if it reflects the likely work week over the coming year).

	Information from employer: (Employer affirmation applies only to this information)									Information from employee applications:				Choice of health plan:		
	Employee Name (First MI. Last)	SSN	DOB	Status	Wages per wage period	Wage period	Hours per week	Calculated annual wage ($) (see instructions for owner/spouse)	Wages from most recent Quarterly Wage Report	Eligible for subsidy for dependent coverage	Previous insurance (past 3 mos.)			Type of coverage	Plan chosen by employee (product ID)	Total # of covered lives
											Employee	Spouse	Children			
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																

Instructions for owner/partner/spouse:

For purposes of this application, an Owner is anyone with at least a 20% ownership interest in the business. A spouse of an owner is treated the same as an owner. In calculating the average wage of the business, for each owner or spouse who is listed on the application as a full-time employee, list either the person's adjusted gross income (AGI) or $60,000, whichever is lower.

If the person is single, use the AGI from the most recent individual federal income tax return.

If the person is married and files a separate return, use the AGI from the most recent individual federal income tax return.

If the person is married and files a joint return, use 50% of the AGI on the couple's most recent joint federal income tax return.

Status:
F=Full-time employee
O=Owner/partner
S=Spouse of owner/partner

Wage Period:
A=Annual
Q=Quarterly
M=Monthly
B=Bi-Weekly
W=Weekly
H=Hourly

Average annual wage of business = average of the annual wages in this column

Eligible:
Enter "Yes" if employee signed family income attestation

Previous Insurance:
0=Not insured in past 3 months
1=Yes, from this employer
2=Yes, at another job
3=Yes, spouse's employer
4=Yes, Medicaid or HealthChoice
5=Yes, Medicare
6=Yes, MHIP
7=Yes, Non MHIP Individual policy

IF already insured under the Health Insurance Partnership Program, please enter a "1"

Type of Coverage:
E=Employee
EC=Employee + Child(ren)
ES=Employee + Spouse
F=Family
W=Waived or in Waiting Period

Name of Business_____

Part III: Affirmations

By placing my initials next to each provision, I affirm that:

_____ I have the authority to act on behalf of this business entity.

_____ This business entity is actively engaged in business in the state of Maryland and (initial which applies):

_____has filed quarterly wage reports with the Department of Labor, Licensing, and Regulation (DLLR). I give consent to DLLR to release this business entity's wage and employer reports to the Maryland Health Care Commission for the purpose of determining eligibility for this subsidy; or

_____is not required to file Quarterly Wage Reports with DLLR.

_____ Employees of any affiliated business have been included in this application, for purposes of determining eligibility for the subsidy. Affiliated businesses are businesses eligible to file a single tax return.

_____ This business employs at least two but not more than nineteen eligible employees at the time of this renewal. An eligible employee is an individual who has a normal work week of at least 30 hours and who is not a seasonal, temporary, or substitute employee. An owner, partner, or spouse of an owner or partner who works more than 30 hours a week at the business must be included as an eligible employee. Independent contractors who are eligible for the employer's health benefit plan must be counted as employees if they work 30 or more hours a week at the business.

_____ The majority of eligible employees in this business work in Maryland.

_____ This business has not offered a health benefit plan to its employees in the most recent 12 months.

_____ The average annual wage of eligible employees calculated in Part II is less than $50,000.

_____ I will pass through to each employee the employee's share of the premium subsidy from the State of Maryland in the form of reduced payroll deductions for the health insurance plan.

_____ If this business is claiming a subsidy for contributions to employees' Health Savings Accounts, I will make those contributions on a monthly basis.

_____ I have established a Section 125 premium only plan (POP) or a more comprehensive Section 125 cafeteria plan.

_____ I understand that the Maryland Health Care Commission may employ an auditor to examine business records to assure the accuracy of statements made in this application and I will cooperate fully with any such audit.

Waiver of Remedies and Affidavit

On behalf of the business entity named in this application and upon whose authority I am acting, I hereby waive any and all claims or causes of action against the State of Maryland, its subdivisions, or its agents which said business entity, including its parents, subsidiaries, predecessors, affiliates, successors, and assigns, may have by reason related in any way to the Health Insurance Partnership. I understand that the Health Insurance Partnership provides a premium subsidy to assist in the purchase of health insurance, but has no role in providing the health insurance itself. Any questions about the insurance and all appeals of carrier decisions are handled exclusively by the carrier and, if necessary, by the Maryland Insurance Administration.

On behalf of the business entity named in this application, I acknowledge that I have read the foregoing provisions and affirmations in this application and understand and agree to them in their entirety. I solemnly affirm under the penalties of perjury that the contents of the foregoing application and the attached documentation are true to the best of my knowledge, information, and belief.

_____ _____

Signature Date

_____ _____

Print Name Title

Producer Affirmation

I affirm that:

- ☐ To the best of my knowledge, this employer is eligible for the Health Insurance Partnership.
- ☐ I have reviewed the Employer Subsidy Application and either:
  - the Quarterly Wage Report information entered in Part II of the Employer Subsidy Application is consistent with the information in the employer's most recent Quarterly Wage Report, which I have personally reviewed, or
  - the Employer Subsidy Application includes the affirmation that the business is not required to file Quarterly Wage Reports with DLLR.
- ☐ Each health benefit plan selected by the employer includes a wellness benefit.
- ☐ I have included with this affirmation:
  - a complete, signed Employer Subsidy Renewal Application, and
  - any required Employee Subsidy Renewal Applications (see that application for information).

I hereby waive any and all claims or causes of action against the State of Maryland, its subdivisions, or its agents which I may have by reason related in any way to the Health Insurance Partnership. I understand that the Health Insurance Partnership provides a premium subsidy to assist in the purchase of health insurance, but has no role in providing the health insurance itself. Any questions about the insurance and all appeals of carrier decisions are handled exclusively by the carrier and, if necessary, by the Maryland Insurance Administration.

I solemnly affirm under the penalties of perjury that the contents of the foregoing applications are true to the best of my knowledge, information, and belief.

_____ _____
Signature Date

_____ _____
Print Name Title

_____
Maryland Insurance Producer License Number