



## CIGNA HEALTHCARE OF NEW JERSEY

### Submission Requirements for New Jersey Small Employers with 2-50 Employees

- 1) We request 15 day lead-time on the submission of new business. Submissions received less than 15 days prior to the effective date require the inclusion of the Late Paperwork Form signed by the employer. Under no circumstances will we accept any submissions where the application and deposit check are dated after the requested coverage effective date.

In addition, for a current effective date, the submission must be received in our office no later than the 31<sup>st</sup> of the month preceding the effective month (or the 1<sup>st</sup> business day following the 31<sup>st</sup> if the 31<sup>st</sup> falls on a weekend or holiday). Submissions received after this cut off will be returned to the submitting producer (or have their effective date moved to the 1<sup>st</sup> of the next month, at the producers' discretion).

For cases requiring additional information from the client by us, the additional information must be provided no later than the 5<sup>th</sup> day of the requested effective date month, regardless of the date the submission was received. On the 6<sup>th</sup> day of the effective month, the submission materials will be returned to the submitting producer (or have their effective date moved to the 1<sup>st</sup> of the next month, at the producers' discretion).

- 2) A deposit check(s), on the employer's check stock, equal to one months premium, made payable to CIGNA HealthCare. (Personal checks or broker checks are not acceptable. An actual number and street business address (not a PO Box) must be printed on the check, or an explanation is required.)
- 3) Application for New Jersey Small Employer Health Benefits Policy (Form # 509499 Rev. 6-97).
- 4) New Jersey Small Employer Certification (Form # 509500 Rev. 2-95)
- 5) Effective dates must be the 1<sup>st</sup> of the month. (Where there is no prior coverage, or the prior coverage is terminating on the 15<sup>th</sup>, the effective date can be the 15<sup>th</sup>. Where there is prior coverage terminating on the 28<sup>th</sup>, the effective date can be the 28<sup>th</sup> of the month.)
- 6) HIPPA CERTICATION FORM MUST BE COMPLETED.
- 7) ALL CASES MUST BE SUBMITTED WITH COMPLETED CAF-1 AND CAF-4 FORMS FOR THE RESPECTIVE BROKER. IF YOU USE A GENERAL AGENT, PLEASE INDICATE ON CAF-4 FORM. **NOTE: Producers must be properly licensed and appointed by CIGNA HealthCare PRIOR to quoting our products.**
- 8) Fully completed and signed CIGNA HealthCare Employee Enrollment/Change Form (# 528092C/7-99) (with Pre-existing Conditions Statement completed for groups of 2 - 5 lives). Actual Street addresses (NO PO BOXES).
  - Employees must work on a full-time basis and have a normal work week of at least 25 hours per week.
  - Employees must choose a Primary Care Physician (PCP) at the time of enrollment for themselves and their dependents if applicable. Family Practitioner or Internist for adults and Pediatricians for children under the age of 18.
  - In the case where the enrolling member is including a dependent child age 19 or over, we require proof of full time student status.
  - If an employee elects a PCP from one of the CIGNA sub-networks (Heritage New York Medical Group, Montifore Integrated Provider Association IPA, United CIGNA Integrated Provider Association (IPA)- United Hospital, Metropolitan Physician Practice Associates (MPPA) or Coney Island Medical Group), please educate your client that they must be referred to a specialist within that sub-network in order to receive in-network benefits. Any questions regarding this matter, please contact your local CIGNA HealthCare Sales Office.

Employees not eligible for coverage:

- Part-time employees
- Temporary/seasonal employees
- Retirees

9) Employee Waiver Form (# 529596 4-94) for all employees waiving coverage.

- 10) The most recent quarter WR30 form is required when:
- 2 or fewer employees enrolling
  - Company is operated from an employees' home
  - All enrollees are members of the same family
  - There is no prior group plan
  - The prior plan is an Individual plan
- 11) "Start Ups": For employers who are start up's (no prior quarter payroll/WR30), we require:
- Form SS-4 (Application for Employer Identification Number and;
  - Incorporation papers signed/stamped by the Secretary of State, or, for Partnerships, Certification of Partnership stamped/signed by the County Clerk, and;
  - Copy of employee's W-4.
- 12) A minimum of 75% participation is required. The following waivers will count towards the 75% participation calculation; coverage under a spouse's health plan, covered under another plan offered by the same small employer, covered under another group health plan, covered under Medicare.
- 13) Prior plan bill where applicable.
- 14) Out of Service Area Employees: Employees must work within the Employer Situs service area, and live within a CIGNA network service area to be eligible.
- 15) Multi-Site Employers: We require a minimum of 11 eligible (or enrolled in the event of an inforce group) to quote a second employer site. The size limitation is adjusted upwards based upon the eligible/enrolled size as follows:

<u>Lives</u>	<u>Max # sites</u>
To 10	1
11-14	3
15-19	3
20-24	3
25-29	5
30-34	6
35-39	7
40-44	8
45-49	9
50	10

- A separate check for each site, equaling the premium for one month per site, is also required for each administrative platform where applicable.
- 16) If the group has Union employees covered under a Collective Bargaining agreement, a copy of the entire agreement is required upon submission of the group. The Union employees will not be included in the total number of employees on the group, for determination of the group's size.
- CIGNA's NJ Small Employee plans are available for groups/employers sitused within New Jersey employing 2 or more employees.
  - Please note Underwriting reserves the right to require additional information on any application in the event such information is deemed necessary.

**For inquiries or to obtain additional information, please contact your local CIGNA HealthCare Sales Office at:**

**CIGNA Healthcare**  
 Small Group Sales  
 499 Washington Blvd, 5<sup>th</sup> Floor  
 Jersey City, NJ 07310  
 1-201-533-7000 or fax at 1-201-533-7166

