



500 Patroon Creek Blvd.
Albany, NY 12206-1057
(518) 641-5000
1-800-993-7299

CDPHP EMPLOYER APPLICATION

AvidCare® HMO

Group # _____ Effective Date of Coverage: _____

This application is hereby made with CDPHP for enrollment of eligible members in accordance with the contract of the employer named below for coverage subject to the group meeting group eligibility requirements.

Legal Company Name:		Federal Tax ID:		NAIC/SIC Code:	
Billing Contact:		Billing E-mail:		Phone:	
Billing Address:				Fax:	
Local Address: (if different from above)					
Decision Contact:		Decision E-mail:		Phone:	
Decision Address:				Fax:	
Broker Contact:		Broker E-mail:		Phone:	
Agency Address:				Fax:	
a. Total number of employees/retirees eligible for any health insurance nationwide:		b. Total number of employees, nationwide, on the payroll working a minimum of 20 weeks a year (regardless of the number of hours worked each week):		Number of Employees Eligible for CDPHP:	
				Number of Employees Currently Insured:	

Classification of Covered Employees: The group agrees that membership enrollment applications will be submitted only for eligible employees subject to the enrollment provisions set forth in the contract and subject to the following eligibility guidelines. Member enrollment applications should be submitted no later than 30 days prior to the effective date.

Eligible Employee Definition: Full-time only Full-time and part-time over 20 hours Employees will be terminated: End of Month Date of Termination

Waiting Period for New Hires: _____

ADDITIONAL INFORMATION	
Divisions Needed:	Other Carriers:
Employer Contribution: <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Open Enrollment:
Payroll Contribution Method (be specific): _____% or \$_____	

FOR INTERNAL USE ONLY									
Rep Code	Class Code	Corp Number	Enroll		BK Code	Total Replace.	One Bill?	Existing Grp?	Existing Grp #
			Work	Live		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Legal Company Name _____

BENEFIT PACKAGE			BP Code:		Contract:	
Rider Number	Rider Name	Rider Number	Rider Name	Rider Number	Rider Name	

RATING REGIONS WITH APPLICABLE GROUP NUMBERS AND INITIAL MONTHLY PREMIUM RATES					
Region	Capital Area	Central	Eastern Hudson Valley	Western Hudson Valley	North Region
Group Number					
Number of Eligible Employees in Region					
Subscriber					
Subscriber + One Dependent					
Subscriber + Child(ren)					
Family					

MEDICARE: A subscriber who is eligible for Medicare and employed by an employer group with fewer than 20 employees must have both Parts A and B of Medicare and attach a copy of his/her Medicare card to his/her enrollment application. *Employers are not required to offer coverage to retirees.*

PLEASE NOTE: Benefits above may NOT be altered or modified until contract renewal, unless statutorily mandated. Requests for changes to this application must be made in writing. Employers are responsible for the administration of any continuation of coverage.

AUTHORIZATION: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Employer
Signature: _____ Title: _____ Date: _____

Broker
Signature: _____ Title: _____ Date: _____

Acct. Rep.
Signature: _____ Date: _____

CDPHP Companies:
Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.®; Capital District Physicians' Healthcare Network, Inc.
500 Patroon Creek Blvd., Albany, NY 12206-1057