



NEW GROUP APPLICATION

V2023



Employer New Group Application

Client Information			
Employer Name:			
Employer address:			
City:		State:	ZIP Code:
Federal Tax ID:	Date Incorporated:	Organization is operating pursuant to the state laws of:	Organization Type:
Employer Contact Information			
*The "Signatory Contact" should be the individual authorized to sign/execute the legal plan documents and agreements at the organization			
Primary Contact:		Title/Position:	
Primary Email Address:		Primary Phone #:	Ext.
Signatory Contact*:		Title/Position:	
Signatory Email Address:		Signatory Phone #:	Ext.
Broker Contact Information			
Broker Contact Name:		Broker Firm:	
Broker Email Address:		Primary Phone #:	Ext:
Additional Broker Contact(s) Name:		Additional Broker Email(s):	
General Agency Name:		<p>The broker contact(s) provided on this application will be granted access to OCA's administrative portal and can view, submit, and update employer and participant records. If authorization is not allowed, the employer contact(s) must indicate that here:</p> <p><input type="checkbox"/> Do Not Authorize Broker Access</p>	



Client Banking and Invoicing Set-up

Primary Invoice Contact:	Title/Position:	
Primary Email Address:	Primary Phone #:	Ext:
Mailing Address:		
City:	State:	ZIP Code:

Invoice Payment Set-up *(method used to remit OCA monthly administrative fees)*

☐ Company Check ☐ EFT – use same account as below ☐ EFT – use alternate account

If payment is being remitted via an EFT (Electronic Fund Transfer), please note that monthly invoices will be drawn on the 15th of each month. Annual fees are drawn in the month of the renewal date of the Plan for each line of service that applies. Should the 15th of the month happen to fall on a weekend, bank holiday or a day in which OCA is closed the funds will be drawn the business day prior. A surcharge of \$45 will be assessed to those accounts in which funds were not available at time of draw. Additionally, all lines of service for said Company will be placed on hold until the payment is able to be collected.

Employer EFT SET-UP

☐ We, authorize OCA to originate credit/debit entries to and from the below named account via EFT services provided.

Bank Name:	
Routing Number (9 digit #):	Account Number:

Employer COBRA Premium Remittance

☐ We authorize OCA to remit the COBRA monthly premiums via EFT to the employer bank account listed below. Premiums are remitted twice a month (if applicable). Should you prefer to receive the premiums via a check, please note there is a \$2.00 fee per check issued. ☐ Company Check (\$2.00 per check fee applied)

Bank Name (if different than above):	
Routing Number (9 digits):	Account Number:

Signature

Signature: _____
Signature of a company officer only

Effective Date: _____

Print Name: _____

Effective Date: _____



Premium Billing (COBRA, State Continuation, Direct Billing)

Is the employer subject to Federal COBRA or State Continuation?

☐ Federal COBRA ☐ State Continuation

Federal COBRA is federally guided and impacts employers with 20 or more employees during 50% or more of the prior year's total accumulation of business days. For employers subject to State Continuation or "mini-COBRA", individual State laws may vary, so please verify if OCA is able to administer your states continuation requirements. Below are group plans generally subject to Federal COBRA. The list is NOT exclusive and other group plans may or may not be subject to Federal COBRA.

- Health Plans
- Dental Plans
- Health FSAs
- Cancer Policies
- Wellness Programs
- Employee Assistance Plans
- Drug or Alcohol Treatment Programs and Health Clinic
- Self-Funded Health Plans
- Vision Plans
- HRAs
- Prescription Drug Plans
- Discount Programs

OCA COBRA Start Date: ____/____/____
(MM/DD/YEAR)

Is this a takeover from another COBRA vendor? ☐ Yes ☐ No

Are there currently ACTIVE COBRA participants that OCA need to be aware of? ☐ Yes ☐ No

Are there currently QUALIFIED BENEFICIARIES within their election period? ☐ Yes ☐ No

INITIAL NOTICES should be sent to the following: ☐ New Enrollments Only ☐ All Existing Eligible Employees*

*An additional one-time \$3 per notice fee will apply if initial notices are required for existing takeover employees

Eligibility Contacts: *The eligibility contact(s) are those who need to receive emails regarding enrollment changes for COBRA participants. By default, OCA will assign the primary contact and broker contact listed on the application.*

☐ Employer Contact Listed on Application ☐ Broker Contact Listed on Application

Contact Type:	Additional Contact Name:	Email	Benefit Type
Contact Type	Additional Contact Name	Email	Benefit Type
Contact Type	Additional Contact Name	Email	Benefit Type

**Eligible Plan Information – Please Complete All Fields. Missing Information May Cause Implementation Delays****Select Benefit Type:** ☐ Medical ☐ Dental ☐ Vision ☐ RX ☐ HRA ☐ FSA ☐ EAPPlan Type: ☐ Fully Insured ☐ Self-funded

Carrier Name:

Plan Name:

Group Id/Number:

Plan Rate **Start** Date: ____/____/____Plan Rate **End** Date: ____/____/____**When an Employee is terminated, what is the last day of active coverage:**☐ Last day of the month in which coverage is lost☐ Date of Qualifying Event☐ Other: _____**Max Children Charged** *(The number of children that can be counted towards the cost for Member-Level rates.)***Max Child Age for Children Charged** *(The max age of a child and student to be considered to the Max Children Charged determination.)*

Student Age: _____

Child Age: _____

Please indicate the rate type: ☐ Composite Rating ☐ Age Banded Rate Structure* ☐ Other Tier Rating ****Composite Rating Table**

Coverage Tier	Total Monthly Premium (Do Not include 2% Admin)

***If "Age Banded Rate Structure" or "Other Tier Rating" is selected, please include a copy of the required rates upon submission of the application form.

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COBRA/Direct Bill Implementation

Projected Timeframe: 7-10 Business Days

1. **Application Submitted:** After reviewing this application along with the required employee and participant census, your OCA Sales Executive will submit your application to OCA's implementation team. *Implementation will not begin without an employee and participant census.*
2. **Implementation Begins:** Within 2-3 business days after submission, you'll receive an introductory email from OCA's implementation team. OCA's implementation team will verify all application requests, plans/rates, employee census, and if applicable, participant takeover information. *Any missing or invalid information may cause a delay in implementation.*
3. **Service Agreements Executed:** Once the implementation team has verified your account parameters, the OCA Service Agreement and Business Associate Agreement will be emailed to the "Signatory Contact" identified on this application. *Follow up questions or delays in returning the signed service agreement may cause delays in implementation.*
4. **Plans Built/Portal Customization:** Typically, within 3-4 business days after submission, OCA's implementation team will begin working on building out your plans and rates within OCA's COBRA portal. During this time, all active employees and COBRA participants will be loaded into the system. If applicable, COBRA takeover letters will be mailed to participants.
5. **Portal Access/Client Completion:** Once the signed Service Agreements have been signed, OCA's implementation team will provide employer users with access to the employer portal, trainings will be offered, and you'll transitioned over to OCA's Client Experience team.
6. **Go Live/Post Implementation:** Over the first few weeks, OCA's Client Experience Team will provide routine check-ins and provide helpful guides and checklists to ensure your company is fully up to date and remains in compliance! To learn more about the employer checklists, please visit <https://oca125.com/cobra-toolkit/>.