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NOTICE TO SMALL EMPLOYER GROUP FORM

Disclosure of Rating Factors and Renewability Provisions

Under state insurance regulations, Group Health Cooperative of South Central Wisconsin is required to provide the following information about our rating and renewal practices to all small businesses at their time of application or renewal.

1. Group Health Cooperative of South Central Wisconsin may change your premium at renewal or as of any date the extent or nature of the risk under your Group Service Agreement is changed by amendment or termination or by reason of any provision of law or any governmental program of regulation. You will be notified in writing at least thirty (30) days in advance of a change in the premium. Premium increases will be limited, by law, to no more than an amount causing the premium to be 30 percent higher than the mid-point premium for all small group employers in this class of business.
2. Premiums under your Group Service Agreement may be adjusted for changes in benefits provided under the Group Service Agreement.
3. Group Health Cooperative of South Central Wisconsin is a community rated plan. Premiums under your Group Service Agreement may be adjusted for changes in the age/sex composition of the Group and/or in the size of families in the Group.
4. Your Group Service Agreement is guaranteed renewable; it can be canceled or non-renewed under the following circumstances only; the Group fails to pay the premium when due; the Group engages in fraud or misrepresentation; the Group substantially breaches contractual duties, conditions or warranties; the Group ceases to be actively engaged in a business enterprise; Group enrolls less than the number of individuals required by the plan or policy; Group Health Cooperative of South Central Wisconsin ceases to renew all policies within the same class of business.

IMPORTANT NOTICE – If you move your business outside of Wisconsin or employ less than two (2) or more than fifty (50) eligible employees during at least fifty percent (50%) of the number of weeks in a twelve (12) month period, the rate limitations, underwriting restrictions, and renewal of coverage protections contained in the Wisconsin Insurance Laws pertaining to small employer health insurance will no longer apply to your policy beginning at the next renewal date.

I have received and read through and understand the information on this form.

Signature of Group Representative

Date

Signature of Broker/Agent

(New Group Applications Only)

Date