

2010 Agency Resolution for Dental Insurance Plan Participation

The New York Council of Nonprofits, Inc. (NYCON) 2010



WHEREAS, THE NY COUNCIL OF NONPROFITS, INC. OF NYS, INC. hereafter referred to as “NYCON”, offers two group dental insurance PLANS (hereafter referred to as the “PLAN”) for employees of eligible organizations who are members of The NY Council of Nonprofits, Inc. of NYS, Inc., and WHEREAS, the Executive Director of NYCON serves as PLAN Administrator and fiduciary, and the Board of Directors of NYCON or their assignees serve as trustees, and

WHEREAS, the undersigned agency is a MEMBER in good standing of NYCON (hereafter referred to as “MEMBER AGENCY”) and desires to participate in said PLAN, now therefore be it:

RESOLVED, that MEMBER AGENCY will offer participation in the PLAN to its employees who, as individuals, will be liable for any fraudulent statements on insurance applications or claim forms, and be it further

RESOLVED, that MEMBER AGENCY may offer either the traditional dental PLAN that requires 50% participation of eligible employees, or the HMO PLAN, and be it further

RESOLVED, that MEMBER AGENCY may offer both PLANS providing 50% of employee enrollment is via the Traditional PLAN, and be it further

RESOLVED, that MEMBER AGENCY may offer new employees hired after the effective date of this resolution participation in the standard PLAN the first of the month following 2 months of employment with MEMBER AGENCY further

RESOLVED, that MEMBER AGENCY new employees are eligible for participation in the HMO Prepaid PLAN the first of the month following date of hire, provided the enrollment application is submitted 15 business days (three weeks) in advance of effective date, and be it further

RESOLVED, that MEMBER AGENCY employee participation in the HMO PLAN is not restricted by the number of eligible employees, and be it further

RESOLVED, that MEMBER AGENCY will submit requests for cancellations to the HMO PLAN not later than 15 business days (three weeks) in advance of the requested date of cancellation due to the prepaid nature of the PLAN, and be it further

RESOLVED, that NYCON is hereby authorized to receive and remit insurance premium payable under said PLAN, to charge and collect administrative fees as appropriate, and to receive any rebate or other allowance from carriers; and be it further

RESOLVED, that NYCON shall not be required to pay any insurance premiums unless and until the funds therefore are paid to it, and be it further

RESOLVED, that MEMBER AGENCY agrees to make premium payments on or before the 10th of the month prior to the effective date of coverage and if payments are not received, a finance charge of the larger of \$20.00 or 1.5% per month will be assessed to the account, and be it further

RESOLVED, that MEMBER AGENCY agrees that if payments are not received within the month they are due, then the cancellation process will start on the last working day of that month, and be it further

Questions? Contact Eric Laughlin at Council Services Plus at (800) 515-5012 ext. 128 or email elaughlin@councilservicesplus.com
Return to: Eric Laughlin, Council Services Plus, 272 Broadway, Albany NY, 12204 or fax to (509) 562-4926.

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RESOLVED, that NYCON is hereby authorized to contract for such insurance coverage, as it may deem necessary or desirable, and be it further

RESOLVED, that should the MEMBER AGENCY choose to provide “Domestic Partner” insurance to its employees, it shall abide by the definition of “Domestic Partner” provided by the insurance carrier in screening its employees eligible for said coverage, and be it further

RESOLVED, that the President of MEMBER AGENCY, or any officer or employee designated by him or her, is hereby authorized to execute and deliver, from time to time, any and all documents, certificates or papers as may be necessary or desirable to effectuate said PLAN, and be it further

RESOLVED, that termination of insurance for employees may occur as a result of nonpayment of premium, change in status as a MEMBER AGENCY of NYCON or lack of adherence to any requirements imposed by NYCON, by the insurance carrier, NYS or the federal government, and be it further

RESOLVED, that **30 days written notice be given to NYCON for withdrawal or termination of the agency’s participation**, and that the re-acceptance of the agency as a PLAN participant in the future be subject to the approval of the NYCON Board of Directors or their designees after a minimum of one (1) year after termination from the PLAN.

Agency Name:	Board President’s Signature:
Date:	Print name:

<i>NYCON use only: The above named agency is eligible to participate in the PLAN and its request is hereby approved by NYCON.</i>	
Account Number:	By:
Effective Date:	Title: Group Employee Benefits Coordinator
	Date:

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