

# 2011 Member Employer Information Form

## Health Insurance Plan Participation

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



Agency Name:			
Street/PO Address:		Federal Employer ID Number:	
City, State, Zip:			
Contact Person:			
<i>(The contact person that will act as the liaison between all employees of your agency and NYCON)</i>			
Phone:		Fax:	
Email:			
Executive Director:			
Board President:			
Is your agency a tax-exempt 501(c) nonprofit organization?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your agency a member in 'good standing' of NYCON?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of employee's on your payroll roster: <i>(Full-time and part-time)</i>		How many employees are eligible for health benefits under your company policy?	
Number of employees you plan to enroll in NYCON health insurance plan:			
Does your agency currently offer health insurance coverage to employees?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If yes, what insurance carrier(s) provide coverage:	
Does your personnel policy impose a probationary period for benefits?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If yes, please define the probation guidelines:	
<b>Please indicate your choice of plan(s):</b>			
<i>Please note that this form is not indicative of carrier approval, the criteria for eligibility differs per plan.</i>			
Blue Shield POS 250D		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Blue Shield POS 7100		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDPHP HMO \$25 with \$4 generic and 50% brand Rx		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDPHP EPO \$30/\$50 with \$100 ded then \$10/\$50/\$80 Rx		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDPHP EPO \$35 Transitional with \$750 single/\$1,875 family deductible and \$10 generic only Rx		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDPHP High Deductible PPO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDPHP Medicare Choices PPO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MVP Hybrid EPO \$30/\$50 with \$1,000 single/\$2,500 family deductible and \$10/50%/50% Rx		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MVP High Deductible EPO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>New plan information including tax documentation and applications must be received 30-days in advance of the effective coverage date to ensure timely enrollment.</i>			

<b>Signature:</b>	<b>Title:</b>
<b>Print Name:</b>	<b>Date:</b>

*All information furnished herein is true and complete to the best of my knowledge.*

**Questions?** Contact Kristie Hood at Council Services Plus at (800) 515-5012 ext. 129 or email [khood@councilservicesplus.com](mailto:khood@councilservicesplus.com)  
**Return to:** Kristie Hood, Council Services Plus, 272 Broadway, Albany NY, 12204 or fax to (509) 562-4926.