

# MULTNOMAH BAR ASSOCIATION

## GROUP HEALTH INSURANCE PLAN AND TRUST ADOPTION AGREEMENT

(To Be Completed By Employers Enrolling In The MBA Group Health Insurance Plan And Trust)

### 1. OVERVIEW

The Multnomah Bar Association as a bona fide association sponsors medical, dental and vision insurance plans for employers where attorneys are members of the Multnomah Bar Association and have at least 1 W2 employee (not counting owners or partners). This Adoption Agreement is required for law firms to enroll their employees in the Multnomah Bar Association sponsored plans. If you have questions about the options available to MBA members, please contact Stephanie Carpentier at Alliant Insurance Services, Inc. (503-716-9334).

### 2.

#### A. ESTABLISHMENT OR RENEWAL OF PLAN

Please check one.

☐ This is a new group enrolling in the MBA Plans

☐ This modifies a previous Adoption Agreement signed \_\_\_\_\_.

#### B. EFFECTIVE DATE OF PLAN OR REVISION

\_\_\_\_\_

### 3. EMPLOYER INFORMATION

#### A. NAME OF EMPLOYER/PLAN SPONSOR:

\_\_\_\_\_

#### B. ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

#### C. CONTACT PERSON:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### D. EMPLOYER TAX IDENTIFICATION NUMBER

\_\_\_\_\_

#### E. TYPE OF ENTITY

☐ Professional/Corporate

☐ Sole Proprietor with W2 Employee(s)

☐ S Corporate

☐ Tax-exempt Organization

☐ Partnership

☐ Other

### 4. ELIGIBILITY REQUIREMENTS

The terms of the contracts arranged with various insurers and health maintenance organizations, requires that all employees who meet the eligibility requirements must be reported. The employer adopts the following eligibility requirements:

#### A. INITIAL ELIGIBILITY

Please submit enrollment applications for all employees who meet the eligibility requirements and will be eligible on the effective date indicated under Question 2.

#### B. WAITING PERIOD FOR NEW EMPLOYEES PARTNERS AND OWNERS

Please mark one of the following options indicating when new employees will be eligible.

- \_\_\_ Immediate probation period – if hired on the 1<sup>st</sup> day of the month coverage is effective immediately. If hired after the 1<sup>st</sup> day of the month coverage will start the 1<sup>st</sup> of the following month. (Example: Hired May 1 coverage starts May 1; hired May 2 coverage starts June 1)
- \_\_\_ First day of the month following date of hire.  
(Example: Hired May 15, coverage starts June 1.)
- \_\_\_ First day of the month following 30 days of employment.  
(Example: Hired May 15, coverage starts July 1.)
- \_\_\_ First day of the month following 60 days of employment.  
(Example: Hired May 15, coverage starts August 1.)

**C. ONGOING ELIGIBILITY**

Plan sponsor elects \_\_\_\_\_ hours per week. (17 ½ hours per week minimum)

- D.** \_\_\_ By initialing here, I accept that all attorneys associated with the law firm as a partner, associate or employee, who will be enrolled in coverage made available by the Multnomah Bar Association are members of the Multnomah Bar Association.

\_\_\_ By initialing here, I accept that when enrolling non-attorney staff in coverage made available by the Multnomah Bar Association, at least one attorney associated with the law firm must be a member of the Multnomah Bar Association.

**5. VERIFICATION OF ELIGIBILITY FOR MBA PLANS**

For a law firm to be eligible to enroll in the MBA plans, the law firm must have at least 1 W2 employee not counting the owners, the partners or their spouses.

**W-2 EMPLOYEES**

- 6.** Total number of W-2 employees (excluding partners and owners) employed by firm \_\_\_\_\_
- 7.** Total number of W-2 employees (excluding partners and owners) who are eligible to enroll in coverage based on the eligibility requirements established by the employer in Section 4 (b) and (c) of this adoption agreement. \_\_\_\_\_
- 8.** Total number of employees (excluding partners and owners) who are waiving coverage because they are covered by another insurance plan. \_\_\_\_\_
- 9.** Total number of employees (excluding partners and owners) who will be enrolling in the MBA plans. \_\_\_\_\_ (5b-5c)

**PARTNERS AND OWNERS**

- 10.** Total number of partners and owners who are eligible to enroll based on the eligibility requirements established in Section 4 (b) and (c) of this adoption agreement. \_\_\_\_\_
- 11.** Total number of partners and owners who are who are waiving coverage because they are covered by another insurance plan. \_\_\_\_\_

- G.** Total number of partners and owners who will be enrolling in the MBA plans. \_\_\_\_\_ (5e-5f)

**TOTAL NUMBER OF W-2 EMPLOYEES, PARTNERS AND OWNERS ENROLLING IN THE MBA PLANS**  
\_\_\_\_\_ (5d+5g)

## 6. PLANS CHOSEN AND EMPLOYER CONTRIBUTION

### A. MEDICAL

<input type="checkbox"/> Providence Gold	<input type="checkbox"/> Providence Silver
<input type="checkbox"/> Providence H.S.A. 6650	<input type="checkbox"/> Providence Gold CONNECT
<input type="checkbox"/> Providence H.S.A. E 3500	<input type="checkbox"/> Providence Platinum CONNECT
<input type="checkbox"/> Providence Gold Extend PPO	<input type="checkbox"/> Providence Silver Extend PPO
<input type="checkbox"/> Providence Gold Choice	<input type="checkbox"/> Providence Platinum Choice
<input type="checkbox"/> Kaiser Gold	<input type="checkbox"/> Kaiser Silver
<input type="checkbox"/> Kaiser Gold PPO	<input type="checkbox"/> Kaiser Bronze
<input type="checkbox"/> Kaiser H.S.A	

### B. DENTAL AND VISION COVERAGE

<input type="checkbox"/> Dental (MODA)	<input type="checkbox"/> Dental Only (Willamette Dental)
<input type="checkbox"/> Dental Only (Kaiser)	<input type="checkbox"/> Vision (VSP)

### C. EMPLOYER CONTRIBUTION

Employer will pay \_\_\_\_\_ (% or \$ amount) towards employee premium.

Employer will pay \_\_\_\_\_ (% or \$ amount) towards dependent premium.

(50% Minimum Employer Contribution Towards Employee Premium)

## IMPORTANT NOTICE TO EMPLOYERS

*Federal Law Now Requires Employers To Treat All Employees The Same With Regard To Benefits Offered And The Percentage Of The Premium The Employer Will Pay*

### 7. PREMIUMS

- A. Monthly premiums are due prior to the 1<sup>st</sup> of the month of coverage. No coverage is provided without a premium payment.
- B. The current monthly premium rates are available by contacting the Plan Administrator, Stephanie Carpentier at 503-716-9334 or Stephanie.Carpentier@alliant.com.

### 8. DISCLOSURE

These benefit programs are only available to law firms with at least 1 common law employee and where all attorneys of the law firm who are enrolled or will be enrolled in the plans offered by the MBA are members of the Multnomah Bar Association.

This Adoption Agreement is subject to amendment or modification by the Multnomah Bar Association. The terms of the coverages selected are subject to change by the carrier, health maintenance organization or other provider involved.

### 9. EXECUTION AND SUBMISSION

By signing this adoption agreement I am representing that; 1) all attorneys who are or will enroll in any of the plans sponsored by the MBA are members in good standing of the Multnomah Bar Association, and 2) all employees who are or will enroll in any of the plans made available by the MBA have satisfied the waiting period for new employees and work the minimum number of hours established by the employer.

NAME OF EMPLOYER

\_\_\_\_\_  
\_\_\_\_\_

EXECUTED BY:

Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This confirms this Agreement has been received by Alliant Insurance Services, Inc. Coverage in the selected options\_\_\_\_\_

By: \_\_\_\_\_

Alliant Insurance Services, Inc.

Please return this document to:

**MBA Health Plans**

PO Box 5253, Portland, Oregon 97208

Questions call 503-716-9334