



Nevada Check Up Plus.
 For more information call:
 (775) 684-3777
 (1-877-543-7669) In-State
 1-800-360-6044 Out-of-State

NEVADA CHECK UP PLUS

Employer Application

Return application
 (See instructions) to:
 Health Management Systems Holding Corp
 ATTN: Nevada HIFA
 5257 Fairview Avenue Suite 195
 Boise, Idaho 83706

SECTION 1

Company Name		Company Representative's Name			
Physical Address - Number and Street	Unit/Suite	City	State	Zip Code	
Mailing Address - Number and Street	Unit/Suite	City	State	Zip Code	
Representative's Contact Phone Number	Does this business have 2-50 employees? Yes <input type="checkbox"/> No <input type="checkbox"/> (see NRS 689C.095)				
Taxpayer Identification Number	Open Enrollment Begin Date		Open Enrollment End Date		

SECTION 2

EMPLOYER HEALTH PLAN INFORMATION:

Nevada Check Up Plus will contact your Health Insurance Carrier:

1. to validate you are a "Small employer" as defined under NRS 689C.095;
2. to verify you provide "Creditable coverage" as defined under NRS 689C.053;
3. to verify your premium costs are as reported.

Is there a group health insurance program available to your employees? Yes <input type="checkbox"/> No <input type="checkbox"/>
Who can be covered under your insurance plan? (check all that apply) Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Family <input type="checkbox"/>
Total Amount of premium for: Employee \$ _____ Amount Paid by Employer \$ _____ Amount Paid by Employee \$ _____
Total Amount of premium for: Employee/Spouse \$ _____ Amount Paid by Employer \$ _____ Amount Paid by Employee \$ _____
Total Amount of premium for: Employee/Children \$ _____ Amount Paid by Employer \$ _____ Amount Paid by Employee \$ _____
Total Amount of premium for: Employee/Family \$ _____ Amount Paid by Employer \$ _____ Amount Paid by Employee \$ _____
How often is the above discussed premium paid? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other _____ <input type="checkbox"/>
Health Insurance Carrier's Name:
Health Insurance Carrier's Address:
Company's Health Insurance Policy Number:
Health Insurance Carrier's Contact Person's Name:
Health Insurance Contact Phone Number:

SECTION 3
SIGNATURE AND AFFIRMATION

In signing this document, I hereby apply on behalf of the above named company for the company to be determined to be an employer that meets the criteria of qualifying employer under Nevada Check Up Plus. This will then enable the company's employees who apply for and meet the other employee eligibility criteria to receive health care premium assistance. I certify that all information contained is true and accurate to the best of my knowledge and that no facts have been excluded.

- I hereby release Nevada Check Up Plus from any liability resulting from the disclosure of information contained in this application.
- I authorize Nevada Check Up Plus, its contractors and/or the Department of Health and Human Services to contact the company's health care insurance carrier to obtain company size, health care policy and premium information.
- I understand the eligibility determination process may take up to 45 days. The 45 days commences upon receipt of a completed application. Once a determination has been made, the company will be notified by mail.
- A reproduced copy of this authorization constitutes an original copy.
- I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct (NRS 53.045, NRS 199.120 thru NRS 199.200 and NRS 41.365).

Company Representative's Signature: _____ Date: _____
(Mandatory) If not signed, application will be rejected.

Did you remember to: Sign the application? Yes No
 Answer all questions? Yes No

INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY REJECTED.

Nevada Check Up Plus Program
Instructions and important information
(Please detach, keep for your records and future reference)

1-877-KIDS-NOW
1-877-543-7669 In-State
1-800-360-6044 Out-of-State

What is Nevada Check Up Plus Program?

The program is designed for uninsured parents or legal guardians of Medicaid, Nevada Check Up children or other low-income parents who do not qualify for Medicaid, are employed by a small employer, and whose gross annual income is less than or equal to 200% of the federal poverty level (FPL). It provides a monthly amount to participants who have enrolled in a qualifying insurance program while employed by a qualifying employer. Once enrolled, the ongoing eligibility for the program will be updated quarterly, and an annual renewal is required every year.

Program Guidelines - In order to be an eligible employer the company must meet the following criteria:

- A. be a small employer (NRS 689C.095);
- B. provide an employer sponsored insurance plan that is creditable coverage (NRS 689C.053); and
- C. provide at least 50% of the monthly premium for enrolled employed individuals.

Instructions:

Section 1. Please fill in all information regarding the employing company and the employer's representative who is authorized to apply for the employer to become an eligible employer for the Nevada Check Up Plus program.

Section 2. Fill in all the Health Plan and Health Plan Carrier's information. Note that Nevada Check Up Plus will contact your Health Plan Carrier to validate all data.

Section 3. Please sign the application. All applications with missing signatures will be returned. An incomplete application will delay processing.

Send the completed application to:

HEALTH SYSTEMS MANAGEMENT HOLDING CORPORATION
ATTN: NEVADA HIFA
5257 FAIRVIEW AVENUE SUITE 195
BOISE, IDAHO 83706

Send any other correspondence not related to applications to:

NEVADA CHECK UP PLUS
1000 E WILLIAM ST STE 200
CARSON CITY NV 89701

More Questions?

Call us at (775) 684-3777 or toll free (877) KIDS-NOW (543-7669). Our fax number is (775) 684-8792. Spanish speaking staff is always available!

You may also visit us on our website: <http://nevadacheckup.state.nv.us>.

If you need help with your application or wish to receive applications to provide to your employees, please call Nevada Check Up at 1-877-KIDS-NOW or 1-877-543-7669 and select the appropriate phone option.