

2024 Renewal Confirmation Form

Important! Complete and return this form to Johnson Benefit Planning at JBAdmin@JohnsonBenefitPlanning.com by the 10th of the month prior to your renewal date even if there are no changes. If the Renewal Confirmation Form is not received, your group will be renewed as-offered. Renewal confirmations are processed in the order they are received.

GROUP NAME	GROUP NUMBER	RENEWAL DATE
BILLING CONTACT	BILLING CONTACT EMAIL	

Renewal options – please return to Johnson Benefit Planning

WAS THIS GROUP RE-RATED? No Yes – Please provide a copy of both the revised rate page and census used.

Option 1
Renew as offered. All group contact and eligibility information remains unchanged. Please check this box, sign and date page 2.

Option 2
Renew, but with the changes noted below. Please note: any section left blank will remain unchanged. Please check this box, sign and date page 2.

Benefit Changes

Change to the plan(s) below.

If completing electronically please select from the drop downs below, or write the plan name(s) exactly as displayed on your renewal offer (i.e. Premier Premium \$25/20%/50%/50%/50%/\$6000/\$1000cd+Rx \$5/\$10/50%/50%/50%).

Medical Plan 1	
Premier Plans:	
Core Plans:	
HSA-E Plans:	
Base Plans:	
Medical Plan 2	
Premier Plans:	
Core Plans:	
HSA-E Plans:	
Base Plans:	
Medical Plan 3	
Premier Plans:	
Core Plans:	
HSA-E Plans:	
Base Plans:	

Vision \$400 Plan: KEEP ADD DROP

CDHP Accounts

The following optional integrated accounts are serviced by HealthyEquity:

Health Savings Account (HSA)

Can be paired with any HSA Qualified plan

Yes No

Flexible Spending Account (FSA)

Can be paired with any non-HSA plan

Yes No

Health Reimbursement Account (HRA)

Can be paired with any non-HSA plan

Yes No

Limited Purpose Flexible Spending Account (LPFSA)

Can be paired with a HSA for dental and vision care

Yes No

Termination

Terminate this coverage at renewal?

REASON

NEW CARRIER(S)

Eligibility Changes

Probationary waiting period (Please select one):

- Date of hire
- First of the month following date of hire
- First of the month following 30 days
- First of the month following 60 days
- 90 calendar days; effective on 91st calendar day

If the end of probationary period falls on first day of the month, when will the new employee be effective?

- Eligible that day Must wait until the first day of the following month or 91st day; whichever comes first

Minimum hours: How many hours per week must an employee work to be eligible for coverage?

_____ (must be between 17.5 and 40 hours – please note a
HOURS PER WEEK large employer is advised not to exceed 30 hours)

Employer premium contribution

Medical: Employee _____% Dependent _____%

Domestic Partner coverage: In addition to the same-sex domestic partner coverage, would you like to offer opposite-sex domestic partner coverage?

No Yes

Do you currently have COBRA Administration offered at no charge from the Bend Chamber of Commerce?

- No Yes If no, do you want to add it at no additional cost?
 No Yes – please complete and attach the BHS COBRA intake packet.

Signature (please read carefully)

- I acknowledge that retroactive changes to benefits or eligibility are not allowed. Any off-renewal change requests will be effective the first of the month following the date that Providence Health Plans receives the written request.
- I understand that eligibility standards must be adhered to for all employees and their eligible dependents. I agree to make all coverage options available to all eligible employees that satisfy the hourly and probationary wait requirements.
- I understand that it is my responsibility to comply with the eligibility provisions of the Affordable Care Act and any related state or federal guidance. Noncompliance may result in the group penalty from federal agencies.

SIGNATURE

TITLE

____/____/____
DATE

Email completed form to JBAdmin@JohnsonBenefitPlanning.com