



## LARGE-GROUP ATTESTATION REGARDING EMPLOYER FUNDING OF DEDUCTIBLE OR COINSURANCE PLANS

ConnectiCare is committed to providing clients with affordable health insurance options for their employees. Inherent in the pricing of ConnectiCare’s deductible plans (both up-front deductible and hospital deductible plans) and its coinsurance plans is an actuarial assumption that the members will be responsible consumers of medical care and will be liable for the intended member out-of-pocket expenses.

To maintain the integrity of the pricing of the deductible products, ConnectiCare is requiring that an officer of the company and the company’s agent-of-record attest to the employer’s strategy for funding any portion of the employees’ out-of-pocket medical expense exposure. The employer funding strategy will impact the pricing of these plans.

**Please indicate your deductible plan funding strategy below:**

Note: ConnectiCare underwriting guidelines do not allow any employer funding on 50/50 coinsurance plans.

1) No employer funding of an FSA, HRA, HSA or any other self-funded mechanism \_\_\_\_\_

2) Annual employer contribution to an FSA, HRA, HSA or some other self-funded mechanism is:

\$\_\_\_\_\_ Employee    \$\_\_\_\_\_ Family    \_\_\_\_\_% Employee    \_\_\_\_\_% Family

3) Additional details (i.e. employer funding is tied to participation in wellness program; funding varies by employee salary; etc.) Please be specific in your explanation:

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

By signing below you are indicating that you will notify us immediately if you are currently using or if you intend to use an underlying plan to subsidize your employees’ cost sharing responsibilities, or if you are changing the funding strategy noted above. ConnectiCare reserves the right to adjust rates retroactively, reduce agent commissions, and/or rescind the coverage for non-compliance with this underwriting rule.

\_\_\_\_\_  
Employer (optional)

\_\_\_\_\_  
Agent of Record (required)

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.