



Washington Counties Insurance Fund / Pool
PO Box 7786
Olympia, WA 98507
800.344.8570 | 360.586.0466

GROUP MASTER APPLICATION

Please complete and submit a signed application to our office no later than September 25th to ensure timely processing. Late applications may result in a delay or a lapse in group coverage. If additional space is needed please attach a separate sheet of paper.

This is an application for (check one):

☐ New Employer Group ☒ Annual Renewal ☐ Existing Employer Group, New Division Effective Date : 1/1/2010

SECTION 1 • GROUP INFORMATION

Group's Legal Name:	Kittitas County	Domestic Partner Coverage:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Doing Business As (DBA):	Kittitas County	Name to be used by WCIF / WCIP:	<input checked="" type="checkbox"/> Legal <input type="checkbox"/> DBA
Federal Tax ID # (EIN):	91-6001349	Group's Primary Language (if other than English):	

Is your organization a public entity? ☒ Yes ☐ No

Check all that apply: ☒ County ☐ Junior Taxing District ☐ Organization that receives state or local funding ☐ Governmental Subdivision ☐ Other political subdivision

If you did not check any of the above boxes, please contact your WCIF Account Executive at 800.344.8570.

Name of President, Commissioner, or CEO (as applicable): Alan Crankovich, Chairman, Board of County Commissioners

Physical Business Address: (Required; No PO Box or PMB)	205 W. 5th, Suite 108	Mailing Address: (if different from Physical Business Address)	
City, State, Zip Code:	Ellensburg, WA 98926	City, State, Zip Code:	
County:	Kittitas	Phone:	509-962-7508
Fax:	509-962-7679	County:	
Phone:		Phone:	
Fax:		Fax:	

Affiliates, Subsidiaries, Other Office Locations to Be Covered:

Contact Person: Phone: Address:

Affiliates, Subsidiaries, Other Office Locations to Be Covered:

Contact Person: Phone: Address:

Affiliates, Subsidiaries, Other Office Locations to Be Covered:

Contact Person: Phone: Address:

Decision Maker / Voting Member (Insurance Advisory Committee (IAC) Designee)

Name (First, Last):	Alan Crankovich	Title:	Commissioner
Phone:	509-962-7508	Fax:	509-962-7679
Email:	alan.crankovich@co.kittitas.wa.us		

Group Benefits Administrator (Administrators' Committee for Excellence (ACE) Designee)

Name (First, Last):	Lisa Young	Title:	HR Manager
Phone:	509-962-7084	Fax:	509-962-7083
Email:	lisa.young@co.kittitas.wa.us		

SECTION 1 • GROUP INFORMATION, continued**Group Billing Administrator** (Administrators' Committee for Excellence (ACE) Designee)

Name (First, Last): Judy Pless Title: Budget & Finance Manager Phone: 509-962-7502 Fax: 509-962-7687

Mailing Address: 205 W. 5th, Suite 105 Email: judy.pless@co.kittitas.wa.us

Do you prefer to receive bills electronically or by mail? ☒ Electronically ☐ By Mail**New Groups Only** – Existing Groups May Proceed to Section 2

COBRA administration is only provided for WCIF/WCIP coverage. The employer is responsible for all other lines of coverage.

Do you use a COBRA Administrator? ☐ No ☐ Yes (if YES, complete the following)# of COBRA Enrollees: ☐ Same as billing address and contact personCOBRA Administrator Billing Address: City: State: ZIP: County: COBRA Admin Contact (First, Last): Phone: Fax: **Current Plan Information****Medical**Does your group have current medical coverage? ☐ No ☐ YesIf YES, name of carrier: Date coverage will end: **Dental**Does your group have current dental coverage? ☐ No ☐ YesIf YES, name of carrier: Date coverage will end: **Vision**Does your group have current vision coverage? ☐ No ☐ YesIf YES, name of carrier: Date coverage will end: **Life**Does your group have current life coverage? ☐ No ☐ YesIf YES, name of carrier: Date coverage will end: **Employee Assistance Program (EAP)**Does your group have current EAP coverage? ☐ No ☐ YesIf YES, name of carrier: Date coverage will end: Does your group have sub-groups? ☐ No ☐ Yes

If YES, please list:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION 2 • BROKER INFORMATION**Please Note:** If applicable, brokers must submit completed rate templates.Do you have an insurance broker? ☒ No (if NO, proceed to Section 3) ☐ Yes (if YES, complete the following)Agency Name: Producer (Agent) Name: Producer Physical Address: City, State, Zip Code: Producer Phone: Producer Email: Secondary Producer Name: Secondary Producer Phone: Broker signature:

SECTION 3 • ELIGIBILITY

This group defines an active employee as one who works a minimum of hours.

Please Note: WCIF requires a minimum of 20 hours per week.

An employer may require an employee to work more than 20 hours per week based on contractual requirements.

Number of employees who are eligible for benefits:

Number of employees enrolled in WCIF/WCIP benefits:

Number of employees who waive coverage:

Please Note: In order to allow an employee to waive coverage they must provide proof of other insurance coverage. Employers may not offer cash out incentives for employees to waive coverage.

Eligible employees hired:

- **On the first** of the month are eligible for coverage effective the date of hire.
(Note: If the first of the month falls on a weekend or holiday, and the employee reports for work on the first business day following, coverage is retroactive to the first.
- **On the 2nd to the 31st** of the month become eligible for coverage effective on the first day of the month following the date of hire.

Does the employer follow the WCIF rules (as stated above)? ☒ Yes ☐ No

If **NO**, what is your waiting period? ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days Other (please list):

The employer agrees to make the following contribution(s) toward the employee and dependent coverage:

Employee \$ or %:

Dependents \$ or %:

Please Note: Eligible dependents include a lawful spouse, domestic partner, and unmarried dependent children (including biological, step, foster, and legally adopted) up to age 25 who are primarily dependent on the participant, spouse, domestic partner or non-covered legal parent for support. In addition, a child of the participant will be eligible for coverage under the plan when required by court order or qualified medical child support order (QMCSO).

Please Note: Continuation of coverage is available in accordance with Federal and State Law to members who become ineligible for group coverage. Employers have a legal responsibility for certain notification requirements. Please reference the WCIF eACE Manual for notification procedures and forms for the Fund/Pool plans. Employers may also reference www.dol.gov and www.irs.gov. Employers may contact an employment attorney for further instruction on Federal and State employment law regulations.

SECTION 4 • WEB INFORMATION

Will the group process enrollment via the WCIF Web Enrollment System? ☒ Yes ☐ No

If **YES**, please list the individual(s) authorized for WCIF Web Enrollment System updates:

Name: Email: Phone:

Name: Email: Phone:

Will the group allow employees to update their own open enrollment changes on the WCIF Web Enrollment page? ☒ Yes ☐ No

Please note: Enrollment changes will not be processed without an administrator's final confirmation.

Zenith Administrators provides a consolidated bill for monthly processing. Employer Groups offering WCIF/WCIP medical plans will have separate bills for PPO Plans, Group Health Plans, and all other plans. Zenith has the ability to separate employees by class.

The following are classes that may be used: ☐ NO DEPT CODE ☐ LEOFF ☐ NONB ☐ BARG ☐ SHRF ☐ LIFE

Zenith has the ability to create customized class codes upon request.

Write the class code(s) being requested:

SECTION 4 • WEB INFORMATION, continued

The WCIP offers a High Deductible Health Plan. Groups may offer a Health Savings Account with the High Deductible Health Plan (HDHP).

Will you be offering the High Deductible Health Plan?

☒ Yes ☐ No

If yes, will you be offering a Health Savings Account (HSA) in conjunction with the HDHP?

☐ Yes ☒ No

If yes, will you offer the HSA through Zenith Administrators?

☐ Yes ☐ No

SECTION 5 • OTHER BENEFITS INFORMATION

Do you offer another medical plan to your employees?

☐ No ☒ Yes

If YES, please list carrier: WTWT (Line Deputies ONLY)

Please Note: This option is not allowed in all instances.

Do you offer another dental plan to your employees?

☐ No ☒ Yes

If YES, please list carrier: WTWT (Line Deputies ONLY)

Please Note: This option is not allowed in all instances.

SECTION 6 • BENEFITS SELECTION**Medical****I. Washington Counties Insurance Pool (WCIP) • Enter X if using 4-tiered rates or enter C if using composite rates**

Please note: The number of WCIP PPO Plan options available to the employer is based on employer group size for total eligible employees.

- a. Under 50 eligible employees: up to 2 plan choices
- b. 50 - 150 eligible employees: up to 3 plan choices
- c. 150+ employees: all plans available

A surcharge of 5% will be applied to premiums on all Pool plans being offered if more plans are elected than the above stated limits.

<input checked="" type="checkbox"/> Standard PPO (30-32)	<input checked="" type="checkbox"/> Budget PPO (40-42)	<input checked="" type="checkbox"/> Value PPO (52-54)	<input checked="" type="checkbox"/> Affordable PPO (110-112)	<input checked="" type="checkbox"/> High Deductible Health Plan (500-599)
<input type="checkbox"/> LEOFF I Active (26-28)	<input checked="" type="checkbox"/> LEOFF I Retiree			
<input type="checkbox"/> LEOFF I Retiree				

II. Group Health • Enter X if using 4-tiered rates or enter C if using composite rates.

<input checked="" type="checkbox"/> Option A (GHOA)	<input checked="" type="checkbox"/> Budget (GHB)	<input checked="" type="checkbox"/> Select \$200 (GH2)	<input checked="" type="checkbox"/> Select \$500 (GH5)
	<input type="checkbox"/> LEOFF I Active (GH1A)		
	<input type="checkbox"/> LEOFF I Retiree		

Dental

Please note: If the employer chooses to offer dental and vision coverage through the WCIF, 100% participation is required. Employees may not waive dental or vision.

I. Washington Dental Service • Enter X if using tiered rates or enter C if using composite rates

PPO	Enhanced	Incentive
<input type="checkbox"/> Plan A1 100% ER paid, \$1000 max (WP1)	<input type="checkbox"/> Plan C1 100% ER paid, \$1000 max (WD1)	<input type="checkbox"/> \$2000 Tiered Rate (WH10)
<input type="checkbox"/> Plan A2 EE pays dep., \$1000 max (WP2)	<input type="checkbox"/> Plan C2 EE pays dep., \$1000 max (WD2)	<input type="checkbox"/> \$2000 Composite Rate (WHCO)
<input type="checkbox"/> Plan B3 100% ER paid, \$2000 max (WP3)	<input type="checkbox"/> Plan D3 100% ER paid, \$2000 max (WD3)	
<input checked="" type="checkbox"/> Plan B4 EE pays dep., \$2000 max (WP4)	<input type="checkbox"/> Plan D4 EE pays dep., \$2000 max (WD4)	

dental plan selections continued on next page ►

SECTION 6 • BENEFITS SELECTION, continued**Dental, continued**

(Washington Dental Service) **Other Plans • NO NEW ENROLLMENT.** Only available to groups who are currently enrolled in these plans.

Non-Ortho

☐ Plan A1 | 100% ER paid,
\$1000 max (WP1)

☐ Plan C1 | 100% ER paid,
\$1000 max (WD1)

☐ 60/60/40

☐ Plan A2 | EE pays dep.,
\$1000 max (WP2)

☐ Plan C2 | EE pays dep.,
\$1000 max (WD2)

☐ DeltaCare

☐ Plan B3 | 100% ER paid,
\$2000 max (WP3)

☐ Plan D3 | 100% ER paid,
\$2000 max (WD3)

☐ Plan B4 | EE pays dep.,
\$2000 max (WP4)

☐ Plan D4 | EE pays dep.,
\$2000 max (WD4)

II. Willamette Dental

☒ Option 1 • 3-Tier Structure (WW1)

☐ Option 2 • Composite Tier Structure (WW1C)

Vision Service Plan • Enter X if using 4-tiered rates or enter C if using composite rates

☒ Standard

☐ Extended

☐ Budget

The Standard Group Basic Life

Please Note: Employers are required to enroll all eligible employees in a basic life plan.

Basic dependent life coverage is optional and can be employer or employee paid.

☒ \$12,000 ☐ \$15,000 ☐ \$20,000 ☐ \$24,000 ☐ \$36,000 ☐ \$40,000 ☐ \$48,000

☐ 1 x Annual Salary • \$50k maximum ☐ 1 x Annual Salary • \$100k maximum ☐ 1 x Annual Salary • \$150k maximum

☒ Offering \$1,000 Basic Life Dependent Benefit

If YES: ☐ Employer Paid ☒ Employee Paid

The Standard Long Term Disability

Please Note: Base LTD is bundled with all medical plans.

This coverage may also be purchased for employees not enrolled in medical by checking the box below.

☐ Base LTD (ER paid) • available for purchase without medical coverage

☒ Buy-Up LTD (EE paid) • must be enrolled in Base LTD to opt for this

The Standard Voluntary Life & Disability Products

☒ Voluntary Term Life

☒ Voluntary Short Term Disability

☒ Voluntary AD&D

(Employees will select the 90 day wait option if they are enrolled in the LTD Buy-up option,
or 180 day wait if enrolled in the Base LTD option)

Magellan Employee Assistance Program

Please Note: The Employee Assistance Program is bundled with all medical plans.

This coverage may also be purchased for employees not enrolled in medical by checking YES below.

☒ No ☐ Yes (If YES, coverage must be provided for all employees)

Flexible Spending Account (through Zenith Administrators)

Please Note: Beginning in 2010 the FSA **WITH SMARTFLEX VISA DEBIT** is the only option available.

☒ No ☐ Yes

SECTION 7 • TERMINATION

Please note: Employee benefits will end the last day of the month in which the employee becomes ineligible. **Employers may not continue the employee's coverage on any active plan after the employee is no longer eligible.** The only exception to this rule is for employees who lose coverage due to a disability and need to continue The Standard Long Term Disability plan coverage in order to apply for waiver of premium at a later date.

SECTION 8 • SIGNATURE

Applicant agrees that if the requested insurance is acceptable to the applicable Health Carrier under its current rules and practices and is legally permissible, a policy will be issued in the policy language customarily used by the Health Carrier and will be effective on the date determined by the Health Carrier.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Authorized Signature: 

Title: Chairman, BOCC

Requested Effective / Renewal Date: 01 / 01 / 10

Remarks:

PRINT AND RETURN TO:

WASHINGTON COUNTIES INSURANCE FUND / ATTN - Janée Knigge
PO Box 7786, Olympia, WA 98507-7786
Fax: (360) 754-7859 E-mail: janee@wcif.net

THIS AREA FOR ADMINISTRATIVE USE ONLY

WCIF/WCIP INTERNAL:

WCIF Staff:

Reviewed & Approved on:

Date Sent to Zenith:

☐ Special Rates Attached

PPO Assignment: First Choice

☐ Broker Commissions Attached

Special Notes:

ZENITH ADMINISTRATORS INTERNAL:

Received & Set Up By:

Date:

☐ New Division Code:

☐ Existing Division Code:

Billing Name:

Special Notes: