

Employer  
**Administrative Guide**  
for HM Worksite Advantage

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## Table of Contents

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Introduction .....	3
About HM Insurance Group .....	4
Plan Administrator Roles and Responsibilities.....	5
How to Contact Us.....	6
• Benefits and Claims	
• Billing	
• Employee Customer Service	
Insurance Documents.....	7
Eligibility and Enrollment .....	8
• Enrolling New Employees and Dependents	
• Late Applicants	
• Eligible Dependents	
• Adding/Deleting Dependents	
• Active Work Requirement	
• Beneficiary Changes	
• Leave of Absence Reporting	
Employee Welcome Kit .....	10
Billing and Premium Remittance.....	11
Claim Submission .....	14
Continuation .....	15
• Critical Illness Continuation Instructions	

## Introduction

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Welcome to the HM Worksite Advantage Employer Administrative Guide. Please refer to this guide when you have questions about your HM Worksite Advantage plan. The guide provides information on important administrative topics. Updates to the Employer Administrative Guide are made available at [www.hminsurancegroup.com](http://www.hminsurancegroup.com).

If you need additional information:

- Check the How to Contact Us page, located on page 6, within this guide. You will find addresses and phone numbers that can connect you with the information you need.
- Review the plan documents. Plan documents have more detail on many of the benefits and topics discussed in this Guide.
- Visit our web site, [www.hminsurancegroup.com](http://www.hminsurancegroup.com) for general information about the HM Worksite Advantage product, as well as to download administrative forms and claim filing instructions.

## About HM Insurance Group

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### It's our policy to protect.

When choosing an employee benefits carrier, many base their decision on name alone. At HM Insurance Group, a Highmark Company, we look to work with employers who want an insurance carrier deeply committed to its Worksite product portfolio. We continuously create solutions to help you protect employees facing unexpected illness or injury.

We have nearly 30 years of experience in the life and health insurance industry. Building from a foundation of strength and expertise in employee benefits, we've created a portfolio of products that deliver health risk solutions to meet a wide variety of employee insurance needs. Our dedicated HM Insurance Group team provides full-service support to your broker so that any questions or changes — from employee enrollment through claim submission — are handled promptly and correctly.

It's our policy to protect. We stand by that pledge by offering you dependable service and flexible health risk solutions that your employees will value.

### ABOUT HM INSURANCE GROUP

HM Insurance Group offers a product portfolio featuring HM Worksite Advantage — Critical Illness, Accident and Disability Income plans — and HM Care Advantage, a limited benefit medical plan. And, HM Insurance Group is a recognized leader in excess loss and reinsurance, including Employer Stop Loss, Provider Excess and HMO Reinsurance.

HM Life Insurance Company and HM Life Insurance Company of New York have an "A-" (Excellent) rating from A.M. Best Company, one of the country's oldest and most respected rating agencies.

Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia. HM Insurance Group maintains 25 regional sales offices across the country.

# Plan Administrator Roles and Responsibilities

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*Your role as Plan Administrator is an important one.*

You perform essential administrative duties with regard to your Group Policy and Certificate of Insurance for your employees. You also maintain records pertaining to eligibility, effective dates, enrollment and the amount and type of insurance in force.

The provisions in your Group Policy and Certificate of Insurance govern your group insurance program. Improper administration could result in incorrect billing or claim payment, a loss of benefits or the participating Employer/Policyholder being liable for a claim not covered by this insurance.

The principle responsibilities of a Plan Administrator are as follows:

- **Enroll New Employees**  
Inform employees when they are eligible to apply for insurance **and** when their insurance becomes effective. In order to enroll into the HM Worksite Advantage program, have each new insured employee complete an enrollment within 31 days of the date the employee is first eligible.
- **Pay Premiums**  
Submit payroll deducted employee payment in a timely manner.
- **Report Enrollment Changes and Terminations**  
Provide notification of all employee changes as soon as they become effective, including name and class changes. Provide the exact effective date of all changes. Prompt reporting of such changes will help prevent delays in claim payments and ensure accurate premium charges.
- **Approval for Group Insurance Literature**  
Obtain prior written approval from HM Insurance Group for any written material you produce to describe your group insurance program. This includes brochures, newsletters, relevant portions of employee handbooks and any other summaries or descriptions of your Group Insurance.
- **Inform Employees of their rights to continue coverage (*Critical Illness only*)**  
Provide terminated employees with instructions explaining how benefits can be continued through a direct billing basis.

## How to Contact Us

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### For Group and Member Services:

#### HM Insurance Group

1.888.529.8983

Monday – Friday

8:30 a.m. to 4:45 p.m. Eastern time

#### Common Types of Inquiries:

- Employee change of address, name or beneficiary
- Claim filing instructions, forms or status
- Coverage & Benefit questions
- Refund requests & questions
- Application or Enrollment status
- Cancellation requests
- Deduction amounts or changes to deductions

### Where to send claims or correspondence:

#### HM Insurance Group

Attention: HM Worksite Advantage Administrative Office

PO Box 535050

Pittsburgh, PA 15253-5050

Or Fax to us at: 1.800.749.9826

### For information regarding billing, invoicing or terminations contact:

#### HM Life Insurance Company of New York

1.800.328.5433

Ask for the Worksite Billing Department

Monday – Friday

8:30 a.m. to 4:45 p.m. Eastern time

#### Lockbox Payment Address

PO Box 382111

Pittsburgh, PA 15251-8111

## Insurance Documents

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You will receive a Group Policy that is specific to the state in which the policy was issued. You will also receive an employee Certificate of Insurance for each plan.

The Certificate of Insurance does not amend, alter or waive any provision in your Group Policy.

Your Group Policy and the Certificate of Insurance control your coverage. This guide will require you to refer to these documents when you have questions about specific situations regarding your insurance coverage. References to policy terminology and provisions are placed in quotation marks. To locate these terms and provisions in your Group Policy, check your "Index" or "Table of Contents."

If you have questions concerning the information in your Group Policy, please contact our Group and Member Services Department.

## Eligibility and Enrollment

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To become insured, an individual must meet the following provisions as described in the Certificate of Insurance:

1. Be an eligible employee working at least an average of 15 hours per week; refer to your Certification of Insurance for additional information about the average hours work requirement.
2. Complete the waiting period (if applicable)
3. Be actively at work

### Enrolling New Employees and Dependents

The HM Worksite Advantage Enrollment Form is specific to the product selected by you for your employees and is used to enroll new employees or for adding a spouse or dependent following a family status change. Each new enrollee or member requesting to add a spouse or dependent should complete an HM Worksite Advantage Enrollment Form for each of the products selected. Once completed, the form(s) should be signed, dated, and returned to the Plan Administrator. All Enrollment forms must be received within 31 days of the requested effective date. If the enrollment form is not received within 31 days from the requested effective date, the new employee or change request will be considered a late applicant, and the enrollment form(s) must be resubmitted during the annual enrollment period.

Enrollment forms should be submitted to:

**HM Insurance Group**  
**Attention: HM Worksite Advantage Administrative Office**  
**PO Box 535050**  
**Pittsburgh, PA 15253-5050**

If using our E-Benefit Elect enrollment portal to enroll new employees, refer to the separate instructions received for that electronic application.

### Late Applicants

An eligible employee who does not apply for insurance or reports a family status change under this policy within 31 days of the date he/she is first eligible will be considered a late applicant. Late applicants will be deferred to the plan's next enrollment period.

### Processing Changes

Employees should complete a Service Request Form to report changes in name/address, change of beneficiary, or termination. The employee's fulfillment package includes a Service Request Form or they may call our Group and Member Services Department to obtain the form.

### **Eligible Dependents**

Eligible dependents are the employee's lawful spouse, unless the spouse is eligible for coverage as an employee, and unmarried children 19\* years of age or younger. Full-time college students may be covered until age 25\*. Proof of student status is required each year.

Eligible dependent children over the applicable age limit who cannot support themselves due to a disability are considered covered dependents. To qualify for this exception, the condition must have existed prior to the child's reaching the applicable age limit and must be documented by a physician. Proof of disability status is required each year.

### **Adding/Deleting Dependents**

If an employee wishes to add or delete dependents due to a change in family status, the employee should complete the Enrollment Form with the proper box checked off. Examples of a change in dependent status include newly married employees who wish to change from employee only to employee plus spouse, or family coverage. Employees may wish to add a newborn child or other new dependent. Newborn children of the employee are automatically covered for 31 days **after birth**. To continue coverage of a newborn beyond 31 days, the employee must submit the change within the 31 day period.

### **Beneficiary Changes**

Employees may change or add a beneficiary at any time by providing HM Insurance with a completed Service Request Form. The change will take effect on the date specified in that notice.

### **Leave of Absence**

Active employees who are on leave of absence, determined by your internal human resource practice, may continue their HM Insurance without a break in coverage through direct billing. The employee should complete a Service Request Form noting their current billing address, effective date, reason and length of time for the Leave of Absence. Once the employee is no longer on Leave of Absence or has returned to work, Contact our Group and Member Service Department in order to return the employee to your group billing file.

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\* State mandates regarding dependent children ages will apply and differences from the above statement will be reflected within your Group Policy and Certificate.

## Employee Welcome Kit

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After an employee is approved and enrolled in HM Care Advantage, he/she will receive an Employee Welcome Kit for each product selected. The kit contains the following information:

- Welcome Letter
- Coverage Validation Form and Benefits Summary
- Service Request Form
- Claim Form
- Notice of Privacy Policy

## Billing and Premium Remittance

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Regular premium payments are required to keep Group Insurance benefits in effect.

### Paper List Billing

The first premium statement is prepared by HM Life Insurance Company of New York and delivered directly to you; take a moment to review a sample of our billing statement on the next page. Future statements will be generated on the 2<sup>nd</sup> Friday of each month for the upcoming month. The statement will contain the names of all of your enrolled employees and the specific products(s) elected, along with the premium due for each employee.

*Please note that your payment should match the statement you received. Any enrollment changes will be reflected on your next invoice.*

Premium is due on the last day of the coverage month. A copy of the statement noting any changes must accompany your payment in order to assure prompt updating of our files. Checks should be made payable to **HM Life Insurance Company of New York** and mailed to:

PO Box 382111  
Pittsburgh, PA 15251-8111

Payments also can be made via **wire transfer**. Contact customer service at **888.529.8983** for instructions.

To prevent lapses in coverage and delays in claim adjudication, your timely payment of premium is very important.

Payment must be received within the grace period stated in your Group Policy for insurance to remain in-force. Make checks payable as instructed above.

Please indicate changes that need to be made to your bill at the time of payment. For new enrollees or dependent changes, please submit a completed and signed enrollment form to:

HM Insurance Group  
Attention: HM Worksite Advantage Administrative Office  
PO Box 535050  
Pittsburgh, PA 15253-5050

Terminations should be documented with the termination date and reason listed on your list bill and returned with your payment. The necessary adjustments will be made on your next bill.

The following page provides a sample of the invoice you will receive each month:

# Sample Billing Invoice



P.O. Box 382111  
 Pittsburgh, PA 15251-8111  
 (800) 328-5433 - Billing Inquiries  
 (888) 529-8983 - Benefit or Claim Inquiries  
 (800) 842-5699 - Fraud Hotline

**Policy Number:** 999999  
**Date Billed:** 06/15/2009  
**Billing From:** 07/01/2009  
**Billing To:** 07/31/2009  
**Due Date:** 07/31/2009

Sample Group  
 123 Main Street  
 Albany, NY 11111

**Balance Forward:** \$0.00  
**Current Bill Due:** \$27.32  
**Total Due:** \$27.32

Member ID	Name	Coverage	Class	Tier	Benefit	Premium	
123456	Doe, Jane	Critical Illness	01	Employee / Spouse	75,000 / 35,000	\$12.76	
		Critical Illness-Core	01	Employee	5,000	\$0.73	
		Disability Income	01	Employee	750	\$7.30	
		<b>EE Paid Total:</b>					<b>\$20.06</b>
<b>ER Paid Total:</b>					<b>\$0.73</b>		
<b>Total:</b>					<b>\$20.79</b>		
123-44-####	Smith, James	Critical Illness	01	Employee	50,000	\$5.80	
		Critical Illness-Core	01	Employee	5,000	\$0.73	
		<b>EE Paid Total:</b>					<b>\$5.80</b>
		<b>ER Paid Total:</b>					<b>\$0.73</b>
<b>Total:</b>					<b>\$6.53</b>		

Summary	EE Paid Total	ER Paid Total	Total
Critical Illness 2	\$18.56	\$0.00	\$18.56
Critical Illness-Core 2	\$0.00	\$1.46	\$1.46
Disability Income 1	\$7.30	\$0.00	\$7.30
	<b>\$25.86</b>	<b>\$1.46</b>	<b>\$27.32</b>

## Billing and Premium Remittance

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Regular premium payments are required to keep Group Insurance benefits in effect.

### Self-Billing

If invoicing for your group policy is done via self-billing, you are responsible for remitting premium payments on time, as well as providing accurate detail which agrees to your check or wire transfer amount. Premium is due on the first day of the coverage month.

Checks should be made payable to **HM Life Insurance Company of New York** and mailed to:

PO Box 382111  
Pittsburgh, PA 15251-8111

Detail will include:

- *Total number of members per product*
- *Total volume of Insurance (Not applicable for Accident Coverage)*
- *Total premium per product*
- *Member termination information*

To aid with the calculation of the premium due, a self-billing statement and a payroll deduction report will be sent to you each month. These documents are provided to assist with reporting and assuring the accuracy of members' payroll deductions.

To prevent lapses in coverage, your timely payment of premium and proper submission of the electronic file is very important. Please review your policy for detailed information regarding policy grace periods.

## Claim Submission

When a claim is incurred, the claimant should complete a copy of the claim form provided in their Employee Welcome Kit and submit it along with a copy of an itemized bill for the service rendered. Claimants will receive an Explanation of Benefits for all claims submitted.

**Claims should be mailed to:**  
HM Worksite Advantage  
Administrative Office  
PO Box 535050  
Pittsburgh, PA 15253-5050

## **Continuation** *only applicable for Critical Illness coverage*

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When Critical Illness coverage would otherwise terminate under the Plan because the employee ends employment with the Employer, the employee may elect to continue their coverage. The following rules apply:

- The employee must have been continuously insured for at least 24 consecutive months under this Plan or a prior plan, up to the date that employment is terminated.
- Coverage can be continued until: 1) the date the employer's group policy is terminated; 2) the date the covered person fails to pay the required premium or 3) the date he or she attains age 70.
- The employee must complete a Request for Continuation of Insurance form and mail to **HM Life Insurance Company of New York** within 31 days from the date the coverage was terminated. Forms are available by contacting HM Group & Member Services.
- Employee must pay the required premium to the **HM Life Insurance Company of New York** no later than 31 days after the date insurance would otherwise terminate. Failure to pay premiums on time will result in termination of coverage.

If an employee elects and qualifies for this benefit, then the same benefits, Plan provisions and premium rate as shown in the Plan certificate as previously issued will apply.

Coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HM-CI 308, HM-DI 308 or similar. Certain exclusions and limitations apply; see your certificate or other evidence of coverage for details. The coverage requested or the use of an association, franchise, trust or union to provide coverage may not be available.

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