Administrator Electronic and Web Enrollment Agreement

I understand that CDPHP® permits the use of electronic enrollment through submission of an electronic file or the web as a convenience to its customers. I also understand that if I do not comply with the conditions outlined below, CDPHP may revoke this privilege at any time. These conditions are required in order to comply with New York state and federal insurance laws and regulations, manage insurance risk, prevent fraud and improve administrative efficiencies.

I understand that the Group Agreement, Subscriber Certificate, Underwriting Guidelines and Group Administrator Guide are the controlling documents for my group's coverage. My signature below signifies that I agree to read and follow these documents. The essential requirements are:

Enrollment:

1. Enrolled participants meet the requirements of an eligible subscriber or dependent in accordance with the provisions of my group's plan and the controlling documents.
2. Apply the applicable probationary period before any newly hired or rehired employee may enroll.
3. Limit enrollment and benefit changes to open enrollment unless the participant experiences a special enrollment qualifying event. Collect and maintain supporting documentation for each special enrollment event.

Retroactivity:

1. Submit enrollment changes within 30 days of an event in accordance with the controlling documents. CDPHP is not responsible for providing or terminating benefits, unless notified on time.
2. Terminate a participant immediately upon loss of eligibility, even those who are in the election period for COBRA, New York State Continuation or the Young Adult Option. If the participant elects continuation of coverage within the allowable time in the controlling documents, the participant is entitled to reinstatement.

Billing and Premium Payment:

1. Review and reconcile the invoice within 30 days of receipt from CDPHP.
2. Notify CDPHP in writing immediately regarding any errors in the invoice.

Audit:

1. The underlying application forms and supporting documentation for any given participant are available to CDPHP within ten (10) days of the request.
2. CDPHP has the right to conduct random audits of my group's enrollment, to verify compliance with the controlling documents and any other applicable laws and regulations.

Subscriber Application and Fraud Warning Statement:

1. Each electronic enrollment submission represents an application and the information submitted to CDPHP accurately reflects the original subscriber request.
2. For each submission maintain documentation of having conveyed the fraud warning statement, approved by the New York State Department of Financial Services (DFS), to the applicant during the application process on a durable means that meets the Department's record retention regulation 11 NYCRR § 243 (2003) (Regulation 152)
3. For each electronic enrollment submission maintain approval from the subscriber to authorize CDPHP to request and receive medical or dental information regarding their or their covered dependents from their healthcare practitioner or healthcare institution either orally or in writing and to use this information for providing coverage.

By signing this document, I am agreeing and attesting I have taken all the foregoing actions for each submission.

Group Name(s)	Signature	Date

Title	Print Name