

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION

PREPAID HEALTH CARE PLAN REVIEW APPLICATION

(Date)

Contractor: _____
Address: _____ Phone No.: _____
_____ Fax No.: _____

Name of Plan: _____**
(As marketed and filed with the Department of Labor and Industrial Relations)

Type of Plan (see Section 393-12): (Check one)

- Reimbursement
- Service

Plan submitted for approval under: (Check one)

- Section 393-7(a)
- Section 393-7(b)*

*Must include certification that the employer has agreed to contribute at least one-half of the cost of the coverage for dependents.

To assist us in making determinations under Section 393-7(c), please complete the applicable attached sheets {Form HC-7(a-1) or Form HC-7(a-2)}. Explain any variations. In addition, please include a directory of the PPO, EPO or HMO Network, if applicable.

Will you be able to have a representative present when the council is discussing your plan?

- Yes. How many days notice do you require? _____
- No

**TEN copies of plan must be submitted with evidence of HAWAII STATE INSURANCE COMMISSIONER'S approval or the signed statement that the plan does not require approval.

The Hawaii Prepaid Health Care (PHC) Act, Chapter 393, HRS, requires employers to provide coverage to eligible employees. An employee is deemed eligible if the employee works at least twenty hours per week and earns a monthly wage of at least 86.67 times the Hawaii minimum hourly wage. Coverage commences after four consecutive weeks of employment. Employers/Contractors are not allowed to deny eligible employees coverage based upon other factors, such as, pre-existing health conditions.

As a Contractor of Approved Health Care Plans we agree to abide by the following guidelines:

1. Health information on employees, if requested, may not be used to deny coverage nor retroactively cancel coverage.
2. Approved plan(s) must be offered to all employees as defined in section 393-3(3).
3. Approved plans purchased by employers will remain in effect until such time when the health care contractor files a notice to terminate with and received approval by the Department of Labor and Industrial Relations (DLIR) or the plans are revoked by the DLIR for noncompliance with the PHC Act or its related administrative rules.
4. The Health Care Contractor will permit the DLIR Director or authorized representative access to the premises and records for the purposes of conducting audits and/or investigations in the enforcement of the PHC Act.
5. Health care contractors will comply with all provisions of the PHC Act, Chapter 393, and its Related Administrative Rules, Chapter 12, Title 12. (Chapter 12, Title 12, Subchapter 3 specifically applies to health care contractor requirements, which can be referenced on DLIR's website at www.hawaii.gov/labor)

Authorized Signature _____ Date _____

Print Name _____ Title _____

Name of Health Care Contractor _____

Address _____

Telephone Number _____ Fax Number _____