Utah Credit Union Pool Employee Benefits

Offered Through

EMI HEALTH™
Smart Benefits

CREDIT UNION
EMPLOYEE HEALTHCARE POOL

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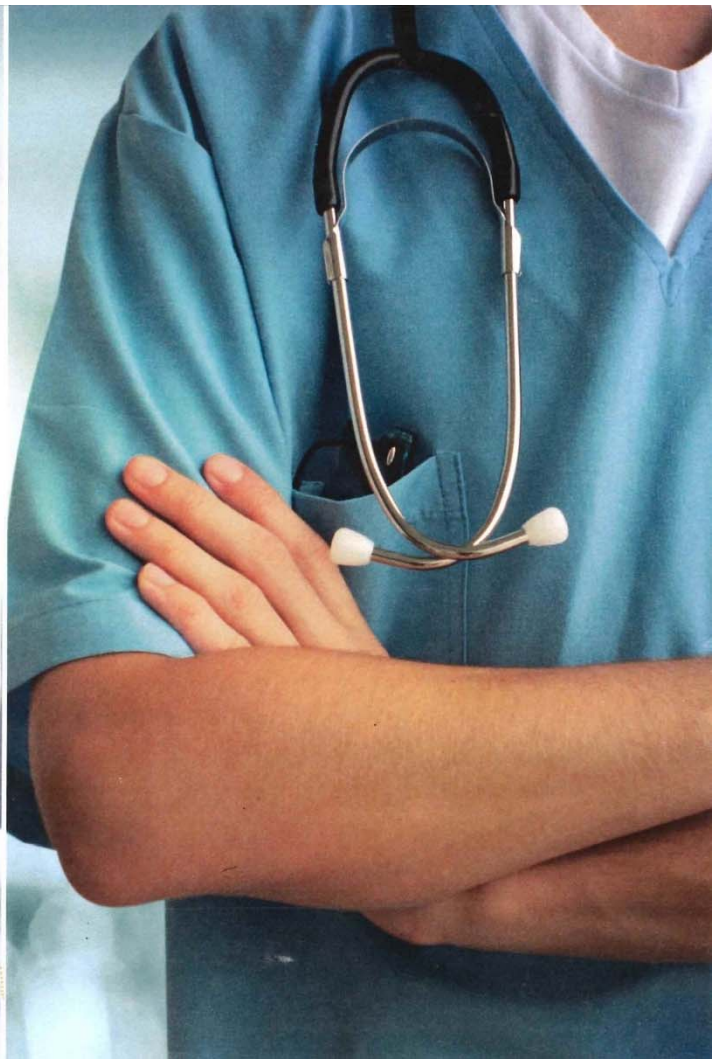
CREDIT UNION EMPLOYEE HEALTHCARE POOL

Because you are a credit union and you received this, you are eligible to quote the Credit Union Employee Healthcare Pool!

Like-minded credit unions have joined forces to receive the following benefits:

- The pool structure allows credit unions to retain their existing brokers.
- The pool renewal rates are consistently in single digits.
- The pool has potential for refund of premiums based on claims experience.
- The pool is 100% credible with over 1,500 members.
- The pool receives minimized risk though a tiered price structure.
- The pool board consists entirely of credit union executives.
- The pool benefits from the rule of large numbers and this is the foundation for the pool's success.
- The pool receives 24/7 access to medical doctors--this is a cost free service designed to contain rising costs.



Why Participate In A EMI Health Pool?

EMI Health can provide a unique way of coming together and pooling your health plan. This will provide you and your employees with low renewals and better cost control.

- **Minimized risk**
  - Easier to budget
  - Easier to predict increases and decreases Lower administrative costs
- **Underwritten as a self-funded group**
  - Provides quarterly pool reports
  - Significant cost and benefit design advantages in relation to current Health Care Reform requirements
- **Keeps renewal rates at a minimum**
- **Risk tiers**
  - Provides appropriate tiering for each group to keep pool strong for all risk.
  - Benefits all risk type groups.
- **Clean Pool**
  - Minimal subsidization due risk tiers.
  - As the pool grows, pool can accept or reject new groups based on their risk.
- **Forum**
  - Representative from each group will meet quarterly
  - Voting rights for renewal changes.
  - Voting rights for accepting new groups to pool
- **Exclusive network with excellent access**
  - Better discounts
- **Integrated wellness program**
  - Online Health Risk and on site biometric screenings
  - Participation in Wellness program is required for eligibility to improve Risk Tier.

emihealth.com

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EMI HEALTH Smart Benefits

Checklist for securing your medical rates with EMI Health

Securing your medical rates with EMI Health is easy.

- Census of all eligible employees which includes the following information
  - Zip code (Out-of-state employees only)
  - Member age/Birth date
  - Family Status (Single, Couple, or Family)
  - Gender
- Current plan design
- Current and renewal rates
- Current bill
- Group and plan information form
- Group risk evaluation for all groups
- Individual health questionnaires for groups up to 50 employees

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EMI HEALTH™ Smart Benefits

Required for all Groups

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Group and Plan Information

Group Information	
Group Name:	Desired Effective Date:
Address:	City / ZIP/ County:
Phone:	Nature of Business:
Years in Business:	Fed Tax ID:
Total # of Full - time Employees:	% Participation:
Number of EE's residing Out of Area:	% Turn Over:
Location(s) with zip-code:	Number of COBRA Enrollees:
Current Health Carrier:	How long?
Employer Contribution (Medical): Employee	Dependent
Employer Contribution(Dental): Employee	Dependent
Waiting Period:	Previous Carriers (5 years):

Medical Rates and Plan Information

Plan 1	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.)
Renewal					
Current					
Prior					

Plan 2	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.)
Renewal					
Current					
Prior					

Plan 3	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.)
Renewal					
Current					
Prior					

Health & Wellness Initiatives	Date of Last Health Fair:		Years in Place:	

Dental Rates and Plan Information

Plan 1	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Description
Renewal					
Current					
Prior					

Plan 2	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Description
Renewal					
Current					
Prior					

Additional Information

Client Notes: (Please share any additional information that you would like the underwriter to know)

Required for all Groups

Group Risk Evaluation

Group Name

Questionnaire

1. Have covered employees or dependents ever had, consulted a health care professional, or received counseling or treatment for:(Circle all that apply and explain below)?

AIDS / HIV	Heart Disease	Multiple Sclerosis
Alcohol/Substance abuse	Hodgkin's Disease / Lymphoma	Muscular Dystrophy
Blood Disorders	Hypertension	Nervous System / Muscular
Cancer	Infertility	Organ Disorder
Cerebral Palsy	Kidney / Urinary	Rheumatoid Arthritis
Colitis	Leukemia	Sarcoidosis
Crohn's Disease	Liver	Sexually Transmitted Diseases
Diabetes	Lung	Strokes
Digestive System	Lupus	Transplants
Emphysema	Mental / Emotional	Tumors

2. Are any employees or dependents currently pregnant? If so, list the expected delivery date, and any complications including the anticipation of multiple births or C-section? Yes ☐ No ☐

3. Have any employees or dependents been hospitalized (inpatient or outpatient) or had any surgical operations during the past 5 years? Yes ☐ No ☐

4. Have any employees been absent from work or confined to the home or incapacitated for more than 2 consecutive weeks due to illness or injury during the past 5 years? Yes ☐ No ☐

5. Have any employees or dependents been advised to undergo medical treatment, surgical operations, diagnostic testing or hospitalization in the next 6 months? Yes ☐ No ☐

6. Are any employees or dependents receiving disability benefits of any type including Social Security Income, Worker's Compensation and Medicare? Yes ☐ No ☐

Additional Details

For any question above answered "Yes", please complete the following:

Question #	Employee or dependent Age & Gender	List condition, disorder, disease, problem and treatment	Dates of care: first / last due date if pregnant	Cost of care: actual or expected	Health status

Signature

I certify to the best of my knowledge that the above information is true, complete and accurate and acknowledge that any coverage issued by the Plan will be issued in reliance thereon.

Employer Signature	Title	Date
Agent Signature	Agency	Date

For Groups with less than 50 Employees

EMI HEALTH Smart Benefits

Individual Health Questionnaire

Employee Information

Group Name:			YES	NO		YES	NO
Employee's Name:	Age:	Enroll:	☐	☐	If no, other coverage?	☐	☐
Spouse's Name:	Age:	Enroll:	☐	☐	If no, other coverage?	☐	☐
Number of Dependent Children:	Age(s):	Enroll:	☐	☐	If no, other coverage?	☐	☐
Employee's Height: _____ ft. _____in.		Spouse's Height: _____ ft. _____in.					
Employee's Weight: _____now; _____ one year ago		Spouse's Weight: _____now; _____ one year ago					

Health Information

Are you or your dependents afflicted or diagnosed with a major disease or illness? (If yes, explain below)	YES ☐	NO ☐
Are you or your dependents anticipating any medical or surgical treatment in the next year? (If yes, explain below)	YES ☐	NO ☐
Do you or your dependents currently take any prescription medication? (If yes, explain below)	YES ☐	NO ☐
Have you or your dependents used any type of tobacco product within the past 5 years? (If yes, explain below)	YES ☐	NO ☐

Health Information (Please use the back of the form if needed)

Please include: Blood Disorders, Cancer (include type), Congenital Disorders, Cystic Fibrosis, Diabetes, Pregnancy (anticipated complications), Liver Disease, Heart Disease, Transplants (include type), Multiple Sclerosis, or other major illnesses.

Individual Name	Date (First / Last)		Diagnosis	Prognosis	Expense

Prescription Medication Information (Please use the back of the form if needed)

Individual Name	Date (First / Last)		Name and Dosage of Medication	Reason for Medication	Expense

Signature

I certify that the information stated above is true and correct and acknowledge that any coverage issued by the Plan will be issued in reliance thereon.

Employee Signature	Date