

Enrollment Guidelines for the VACE/CIGNA Program

The following is the process each group must complete in order to be in the VACE/CIGNA HealthCare Plan.

- All groups must have membership in good standing with a chamber of commerce that is a member of Vermont Association of Chamber of Commerce Executives.
- All businesses must be located physically in Vermont, however, employees from another state can elect coverage.
- The group must supply VACE with ONE of the following as proof of business.
 - Most recent Quarterly Wage Report that was submitted to the Vermont Department of Employment and Training
 - Schedule C or other tax return
 - Federal Tax forms which demonstrate bona fide self-employment

All information will be held in confidence.

If above information is not available please contact VACE.

- Income Guidelines - To be in the VACE plan you must be a full time active business. Gross income must exceed premium amounts for a 12 month period.
- The group must supply VACE with proof of prior insurance if applicable.
- Employers need to complete Enrollment Agreement, including:
 - Business information (address, contact person, phone number)
 - Choosing probationary period for new employees or rehires, (length of time you want employee to wait before they are eligible for insurance)
 - and choosing plan(s) for the group
- All groups must complete a census report, proving that 75% of eligible employees are participating.

Eligible Employees include the following:

- Full-time employees working at least 17.5 hours per week or employers definition of full time.

Eligible Dependents include the following:

- Dependents:
 - Employees legal spouse
 - Children to age 19
 - Students to age 25

Please note: Employees who are covered under their spouses insurance policy, are not considered as part of the 75% participation, but may elect to be on the plan. If the employee elects not to come on you **must send a copy of spouse's insurance card.**

Employers with 1-3 employees must have 100% participation of eligible employees.

- An Enrollment/Change form must be completed and signed by each employee, even if the employee is refusing coverage.

Any questions with enrollment can be answered at VACE (802) 229-2231 or you can e-mail us at vacehealth@vtchamber.com.