

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 with more than 10 employees must complete a census report, proving that 75% of eligible employees are participating. Groups with 10 or fewer must show 50% participation.
 - 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 (including civil unions); domestic partners;
 - 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 calculation for participation, but may elect to be on the plan. If the employee elects not to come on you must provide a copy of spouse's insurance card.

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

Any questions with enrollment please call VACE (802) 229-2231 or e-mail at vacehealth@vtchamber.com.