

the VOICE



Providing qualified Oklahomans with access to affordable health care!

Insure Oklahoma Employer Blast - 6/2011

Helpline-1-888-365-3742

Fax- 405-530-3433

E-mail- insureok@okhca.org

EMPLOYER APPLICATION

If you fax or email the employer application to Insure Oklahoma processing unit we do not need a copy mailed to us. It is duplicate work and may cause a delay in processing. Please allow 72 hours for documents to be logged before calling in to verify receipt. Insure Oklahoma fax 405-530-3433 and email insureok@okhca.org

EMPLOYER CHANGE FORM

When should an [Employer Change Form](#) be submitted?

A change form needs to be submitted when

- Street address has changed
- Mailing address has changed
- Employer contact information has changed
- New employees have been added to payroll
- Employees have been terminated

EMPLOYEE/SUBSCRIBER CHANGE FORM

When should a [Subscriber Change Form](#) be submitted?

A change form needs to be submitted when

- Street address has changed
- Mailing address has changed
- Need to add/remove dependents
- Contact information has changed

WORK HOURSE - PART TIME EMPLOYEES

How many hours per week must your employee work to be eligible for a Qualified Health Plan (QHP)? [] hours per week

The employer sets the number of hours on the application it takes for their employee to be eligible for group benefits. If an employer put 40 hours a week then the employer should

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not have the part time workers enroll in Insure Oklahoma-Employer Sponsored Insurance unless the employee(part time worker) want to go to the Individual Plan side.

EMPLOYEES ENROLLING ONLINE - ASKING FOR PCP

- When the employee is enrolling online and is not asked to choose from a commercial carrier -Health Plan ID# -H0xxx and it goes to choose 3 Primary Care Physician (PCP), they probably want to stop and call the helpline at 1-888-365-3742. This could be a system error or the employee does not work enough hours.

UPDATE FORMS

Please use the updated forms on the website. We have received outdated forms and this can cause a delay in processing. They can be faxed to 405-530-3433 or emailed to insureok@okhca.org

- [Agent of Record Form](#)
- [Electronic Funds Transfer \(EFT\) Form](#)
- [Employer Application](#)
- [Employer Attestation-Employee Citizenship Form](#)
- [Employer Change Form](#)
- [Employer Contract](#)
- [Cover Sheet](#)
- [Open Records Request Form](#)
- [Staff Listing Form](#) (We need to know if the business owners are applying)

