



Greater Tompkins County Municipal Health Insurance Consortium

P.O. Box 7 • Ithaca, New York 14851 • (607) 274-5590

Headquarters: 215 N. Tioga Street, Ithaca, NY 14850

www.healthconsortium.net • consortium@tompkins-co.org

"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

MOTION NO. 002-2023– MOTION TO APPROVE THE PROPOSAL OF THE "NEW PLAN ADDITION FORM" FOR USE BY MUNICIPALITIES TO THE GTCMHIC

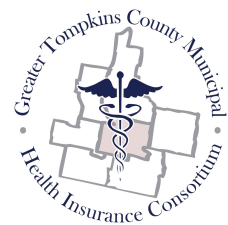
It was MOVED by Ms. Drake seconded by Ms. Earle, and unanimously adopted by voice vote by members present by video or in person, to approve the proposal of the "New Plan Addition Form" for use by municipalities to the GTCMHIC. MOTION CARRIED.

STATE OF NEW YORK)
GTCMHIC) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a motion adopted by the Greater Tompkins County Municipal Health Insurance Consortium Operations Committee on the date of July 24, 2023.

A handwritten signature in blue ink that reads "Lynne M. Sheldon".

Lynne Sheldon, Clerk of the GTCMHIC Board



New Plan Addition Form

MUNICIPALITY NAME:

Phone Email

EFFECTIVE DATE OF NEW PLAN IMPLEMENTATION

The least problematic effective date is January 1st of the upcoming year. Excellus requires a 90 day notice of plan changes to your group structure. Any member movement not on January 1st restarts deductibles and maximum out of pocket accumulations.

January 1st Other, _____

NEW PLAN SELECTION

GTCMHIC Plan Coverage Selection:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Platinum | <input type="checkbox"/> Medicare Supplement MS3 |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Medicare Supplement MS4 |
| <input type="checkbox"/> Silver | <input type="checkbox"/> Other, _____ |
| <input type="checkbox"/> Bronze | <input type="checkbox"/> Other, _____ |

Is this plan addition part of a union contract? No Yes

If yes, what union group(s)? Attach new union contract.

Do you need a mass movement (5 or more employees) to the new plan effective on the first?

No Yes, Provide Subgroup

If yes, we will provide a roster to verify all employees who will be moved.

Is the new plan an additional plan option or mandated enrollment?

No Yes

Does your municipality offer an FSA / HRA / HSA ? Circle All that apply

Amount Employer Sponsors

Signature

Date

Print Name

Title

Additional Documentation: Resolution passed by the municipality's governing body OR a written documentation from your governing leader stating plan addition approval.

All documentation is due no later than October 15th. This helps ensure that all employees will receive their new insurance cards before January 1st.