INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION

1) Please **PRINT** or **TYPE**. Use BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information may resultin an application being returned. Remember to make copies of documents you are submitting for your own records. For additional assistance or information, call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742.** For the hearing impaired, call **(405)416-6848 (TDD/TYY)** or visit the website at **www.insureoklahoma.org.**

A) If you are providing a QUALIFIED BENEFIT PLAN (QBP) to your employee(s), mail the following to the address below:

1. Small Business Employer Application (O-EPIC 1)
2. Staff Listing (O-EPIC 2)
3. Electronic Funds Transfer (EFT) Form (O-EPIC 3)
4. VOIDED check
5. O-EPIC Contract
6. Agent of Record (AOR) form.
7. The final rate schedule of the QBP you have selected

2) Mail your complete packet to: **INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION**
P.O BOX 18650
OKLAHOMA CITY, OK 73154-1650

EMPLOYER NAME:

FEIN:	INDUSTRY CODE (**OPTIONAL**):
ADDRESS:	ADDRESS 2:
CITY/STATE/ZIP	CITY/STATE/ZIP

EMPLOYER CONTACT INFORMATION:

LAST NAME:	FIRST NAME:
BUSINESS PHONE NUMBER:	FAX:
EMAIL ADDRESS:	

BUSINESS OWNER CONTACT INFORMATION:

LAST NAME:	FIRST NAME:
BUSINESS PHONE NUMBER:	FAX:
EMAIL ADDRESS:	

*If you are not required to file OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TYY 405-416-6848) for further information.

Insure Oklahoma

APPLICATION INFORMATION:

How much did you spend on group health insurance premiums in the last year?	$
Are you required to file an OES-3 Quarterly Report* with the Oklahoma Employment Security Commission? ☐ YES ☐ NO	
How many employees do you have?	
Do you use a Professional Employment Organization (PEO)?	

Section 1: Complete this section if you have answered "YES" to providing a Qualified Benefit Plan (QBP) to your employee(s).

How many hours per week must your employee work to be eligible for a QBP	Hours per week
List the Oklahoma Insurance Department (OID) number of your insurance agent (Optional)	
AGENT NAME:	AGENT PHONE NUMBER:

Employer Insurance: Complete this section for the QBP(s) you have selected. Attach additional pages if necessary.

QBP ID	QBP NAME	GROUP NUMBER	EFFECTIVE DATE (MM/DD/YYYY)
QBP ID	QBP NAME	GROUP NUMBER	EFFECTIVE DATE (MM/DD/YYYY)
QBP ID	QBP NAME	GROUP NUMBER	EFFECTIVE DATE (MM/DD/YYYY)
QBP ID	QBP NAME	GROUP NUMBER	EFFECTIVE DATE (MM/DD/YYYY)

The information is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. By signing below, I acknowledge I have immediate access to information concerning the Insure Oklahoma program, including processes, rules, and policy, at www.insureoklahoma.org. (28 USC 1746)

Signature _____Date _____

*If you are not required to file OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TYY 405-416-6848) for further information.