



OLYMPIC

BENEFITS TRUST

BROKER RESOURCE & UNDERWRITING GUIDE



Dear Plan Sponsor:

Our Total Benefit Solutions (TBS) Team is pleased to welcome you!

We provide this group administrative guide to participating plan sponsors. It is our hope that this guide will serve as a valuable reference as you administer your group benefits throughout the year.

Please note that this guide is for informational purposes only. It is not to be construed as an insurance contract, booklet, or a certificate of insurance. The actual terms of your group plan can be found in your detailed plan documents which you receive from the Insurance Carrier(s).

We are here to support you so please let us know if there is anything we can do to help. We look forward to working with you.

Sincerely,

The Total Benefit Solutions Team



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OLYMPIC BENEFITS TRUST BENEFITS BUFFET 2026



OLYMPIC
BENEFITS TRUST

OBT Eligibility

- Multi-industry trust
- 2+ enrolled employees
- Groups headquartered in Washington state
- 50% employee participation and 50% employer contribution
- Triple Choice with 10+ enrolled employees
- Must be an active chamber member at point of sale

KAISER MEDICAL

13 Plans Available

- **6 Access PPO Plans**
 - Deductibles ranging from \$1,000-\$6,000
 - 2 HSA Options
- **5 Core HMO Plans**
 - Deductibles ranging from \$2,000-\$5,000
- **2 Virtual Plus Plans**
 - \$2,000 and \$3,000 deductible options
- Kaiser Virtual Coverage on all plans
 - 24/7 Care Chat & advice line
 - Video, phone, and email
- Member Wellness Benefits at no or low cost:
 - Self-care apps
 - In-person and digital fitness
 - And so many others!

Olympic Benefits Trust helps Washington's business community thrive by providing the high-quality, affordable employee benefits that growing companies need to be competitive.

ANCILLARY

Delta Dental

- 3 plans available
- Optional Child Orthodontia available for groups of 5 or more
- Virtual Dental Care

VSP Vision

- 3 plans available
- Access to supplemental coverage for urgent and medical eye care

For additional information, please email obt@tbsmga.com or visit <https://www.tbsmga.com/washington/obt>



KEY CONTACTS

When contacting any of the carriers or administrators below, please be prepared to provide your plan's control, suffix, account number, or group number. If calling about an employee matter, please have the employee's Social Security Number available.

Total Benefit Solutions

www.tbsmga.com

<i>Hours of Operation:</i>	Monday-Friday, 8am-5pm PST
<i>General Line:</i>	1-800-514-4850
<i>OBT Email:</i>	OBT@tbsmga.com
<i>Premium Remittance: (checks payable to Olympic Benefits Trust)</i>	Olympic Benefits Trust c/o Total Benefit Solutions P.O. Box 45559, San Francisco, CA 94545-0559

Kaiser Permanente

kp.kaiserpermanente.org

<i>Plan Sponsor Services (Employer):</i>	1-855-327-0507
<i>Member Services (Member):</i>	1-888-901-4636
<i>Mail Order Pharmacy:</i>	1-800-245-7979
<i>Claims Processing:</i>	Kaiser Permanente, P.O. Box 03766, Salt Lake City, UT 84130-0766
<i>Pharmacy:</i>	Optum RX, P.O. Box 650334, Dallas, TX 75265-0334

Delta Dental of Washington

www.deltadentalwa.com

<i>Group Admin:</i>	1-800-554-1907
<i>Member Services:</i>	1-888-899-3734
<i>Member Services Email:</i>	cservice@deltadentalwa.com
<i>Member Services Text:</i>	1-833-604-1246
<i>Claims:</i>	Delta Dental of Washington, P.O. Box 75983, Seattle, WA 98175

VSP Vision

www.vsp.com

<i>Client Support (Employer):</i>	1-800-216-6248
<i>Member Services:</i>	1-800-877-7195
<i>Mailing Address:</i>	VSP, P.O. Box 495918, Cincinnati, OH 45249-5918



New Business Enrollment Checklist

Email Completed Paperwork to: nbsub@tbsmga.com

www.tbsmga.com / Client Care Team: 855-246-8873

Please have all enrollments in by the 15th of the month before effective date for the best enrollment experience.

OBT Membership

- Groups located in Thurston County must be a full member of the Thurston County Chamber (TCC) See next page. Groups outside Thurston County must complete an Out of Area OBT Membership application and groups will see a fee of \$8.33 on their monthly statement (\$100/yr).

Notice of Late Submission - required for all groups

COBRA Documents

- **Employer COBRA Acknowledgment Form** - required for all groups
- **New Client Worksheet** - complete this form to request COBRA admin through Verde for non-OBT benefits
- **COBRA Employer Takeover Notice** - for members currently enrolled in or within their election window for COBRA benefits

Initial Premium Payment

- Fill out the OBT ACH Form - Initial Payment. Once all paperwork is received, the first month's premium will be collected. There will be an additional form for future ACH payments.

Participation Agreement

- All pages should be completed and signed by the plan sponsor and broker.

Employee Census Enrollment

- All employee and dependent information should be provided including physical home address (PO box can only be used as mailing address).

KAISER PLANS

Quarterly Wage and Tax Statement (QWTS)

- Must provide most recently filed QWTS for 2 to 4 enrolled employees
- There must be at least one enrolled common law W-2 employee who is not an owner and not the owner's spouse.
- Newly hired, terminated, part time, retirees, seasonal and temporary employees should be noted accordingly on the QWTS/prior carrier bill.
- Reconciled QWTS/prior carrier bill must be signed and dated by the employer. Any hand-written comments added must be signed and dated by the employer.

Schedule K-1 Tax documents (The most recent IRS tax documents and entity formation documents are required to satisfy the proof of eligibility requirements).

- Required for group size of 2-4 if the owner is not listed on the QWTS.

Signed Final Rates Page

- To confirm the sold rates and plan election, please submit the plan sponsor signature page for each line of coverage (medical, dental, vision) and plans elected should be marked with an X.

**Please note that all required Kaiser documents must be signed by the same group representative.*



New Business Enrollment Checklist

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Please have all enrollments in by the 15th of the month before effective date for the best enrollment experience.

Thurston County Chamber member dues:

(for groups HQ in Thurston County)

# of Full-time Employees	Annual Investment/Dues
0-5	\$470
6-10	\$582
11-15	\$679
16-25	\$770
26-50	\$926
51-75	\$1135
76-100	\$1360
101-175	\$1655
176-250	\$1869
251-350	\$2486
351-450	\$3003
451-550	\$3885
Over 550	Negotiable

**Please note that all required Kaiser documents must be signed by the same group representative.*

UNDERWRITING GUIDELINES

PARTICIPATION REQUIREMENTS

- Kaiser Permanente Medical: 2+ Lives, 50% of eligible employees (less valid waivers)
- Delta Dental of Washington: 2+ Lives, 2-4 EEs: 100% must enroll, 5+ EEs: 75% must enroll (less valid waivers)
- VSP Vision: 2+ Lives, 75% of eligible employees must enroll

Valid Waivers: Spousal/parental group coverage, Medicare/Medicaid, Champus/ChampVA, Military coverage, Retiree coverage, COBRA from previous employer, Tri-Care

EMPLOYER CONTRIBUTION

- **50% of the employee premium for the least expensive plan offered**

EMPLOYER ELIGIBILITY

- Employer must be **headquartered in the state of Washington** and an **active member of the Thurston County Chamber of Commerce**.
- Minimum of **2 employees** required.
 - Must have at least two full-time W2 employees (30+ hrs/week) enrolled who are not the spouse or domestic partner.
- Groups headquartered in **Cowlitz or Clark counties** are not eligible for Kaiser medical.
- For Kaiser Medical, groups with more than **20%** of enrolling employees that live outside Kaiser's service area requires carrier approval for quoting.
- Owner/Spouse-only groups are **not eligible**. The group must have at least one full-time W2 employee working a minimum of 30 hours/week who enrolls in coverage and is not the owner or owner's spouse.
- Sole proprietors and partners are eligible if full-time, active in the business, and **75% of the owner's income** is derived from the business.
- Annual tax forms listed below are required for groups with 2–4 employees (Kaiser reserves the right to request at any time). The employer must satisfy the definition of "Small Employer" under ESHB 1046.
 - **If owner(s) enrolling:** IRS Form 1040 or 1120 (prior year)
 - **If employees enrolling:** 5208 Quarterly Wage & Tax Form or 3 months of payroll records showing hours worked. For new employees not yet on 5208: W-4 form required.
 - **New business:** Business license required.

UNDERWRITING GUIDELINES

EMPLOYEE ELIGIBILITY

- Employees must work a minimum of **30 hours per week** to be eligible for benefits.
- The following are **not eligible**: temporary, seasonal, substitute, or uncompensated employees; independent contractors; volunteers; retirees; inactive owners, officers, or managing members; investors or shareholders not otherwise eligible; and silent partners.

DEPENDENT ELIGIBILITY

- **Spouse / Domestic Partner:** If both spouses/domestic partners work for the same company, they may enroll together or separately.
- **Children:** Eligible through the end of the month they turn 26, regardless of dependency, employment, student, marital, or residency status. Includes natural, adopted, and stepchildren, and children under legal guardianship. Grandchildren are eligible only if court-ordered (copy of order required).
- A child may not be covered by both parents under the same plan.
- A child who is also a company employee may enroll as an employee or dependent, not both.
- **Additional Rules**
 - Individuals may not be enrolled as an employee and a dependent under the same plan.
 - Common enrollment is not required.

BENEFIT WAITING PERIOD (BWP)

- The BWP may be waived upon the employer's request at initial submission. A change to the BWP may only be made on the plan anniversary date — no retroactive changes are allowed. The group can elect up to 3 classes for their BWP and must note these on the Participation Agreement.
- The BWP options are:
 - First of the month following or coinciding with 0 days (date of hire)
 - First of the month following or coinciding with 30 days
 - First of the month following or coinciding with 60 days
 - 90 days following the date of hire
- **Notes:**
 - OBT does not have an exact date-of-hire benefit waiting period
 - Delta Dental only allows first of the month enrollments

UNDERWRITING GUIDELINES

EFFECTIVE DATE & NEW BUSINESS SUBMISSION DEADLINE

- Effective date must be the **1st of the month**. The effective date may be requested up to 60 days in advance.
- New business paperwork deadline is the **15th of the month prior** to the group's effective date.
- All plans are renewed annually on **January 1**.
 - TBS will provide the renewal quote to your broker of record within **45 days** of the anniversary date. Signed renewal and updated Participation Agreement must be returned to **obt@tbsmga.com** before the renewal date.
 - Renewal cancellations require written notice within 30 days of the renewal date on company letterhead, signed and dated, listing lines of coverage and reason for termination. Plan changes will not be accepted after the date noted on the renewal letter.

CARVE OUTS

- Union employees are the only class that may be excluded; however, they are still included in the total count of eligible employees when determining group size. Management carve-outs are allowed — please contact your Account Executive to confirm your group qualifies.

CHANGES IN OWNERSHIP / PURCHASES / ACQUISITIONS

- When an in-force group has been sold, the case should normally be terminated. To continue benefits under a new owner, the following are required:
 - Underwriting must be notified within 30 days of the acquisition
 - Formal letter on company letterhead, signed and dated, outlining the change with the appropriate effective date
 - Employer Name/Tax ID Change Form (if applicable)
 - Quarterly wage and tax statements for both the existing and newly acquired group
 - Acquisition paperwork / Purchase Agreement
 - Employee applications for the newly acquired employees
- For Kaiser medical coverage: The legally signing entity must hold at least 51% or more ownership over all entities receiving medical coverage. A **Kaiser Common Ownership Certification Form** must be completed and submitted.

UNDERWRITING GUIDELINES

AFFILIATED, ASSOCIATED OR MULTIPLE COMPANIES

- All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.
- Employers with more than one business with different tax identification numbers (TINs) may be eligible to enroll as one group if **all** of the following conditions are met:
 - One owner has controlling interest in all businesses to be included; *or*
 - The owner files (or is eligible to file) an Affiliations Schedule, IRS Form 851, a combined tax return for all companies included. A copy of the latest filed tax return must be provided.
 - All businesses filed under one combined tax return will be considered a single group — all must be enrolled for coverage.
 - There are 50 or fewer employees in the combined employer groups.
 - Businesses with equal controlling interest may be considered if the owners designate an individual to act on behalf of all groups.
 - Underwriting reserves the right to final review and may consider common ownership on a case-by-case basis.

Example: Company 1 — Jim owns 75%, Jack owns 25%. Company 2 — Jim owns 55%, Jack owns 45%. Both can be written as one group since Jim has controlling interest in both.

BROKER APPOINTMENT

- Brokers/Producers need to be appointed with the carriers that they plan to utilize.
 - Delta Dental of Washington: [Get Appointed with Delta Dental | Delta Dental Of Washington](#)
 - VSP: [VSP offers vision plans - Client Application](#)
 - Kaiser: [Producer Application for Appointment | Kaiser Permanente](#)

BROKER COMPENSATION

Kaiser Permanente Medical	5%
Delta Dental of Washington	5%
VSP Direct Vision	10%

GROUP ADMINISTRATION

ELIGIBILITY CHANGES TO REPORT

- Employees and/or dependents being added or removed
- Group or employee address changes
- Employee or dependent name change
 - Name changes must be submitted to TBS via email within 30 days of the change. Acceptable proof: marriage certificate (if it shows the new legal name) or a government-issued ID.
- Dependent student status changes

Deadline: All changes must be received within 30 days of the requested effective date.

REQUIRED INFORMATION FOR ENROLLMENT OR CHANGE FORMS

- Coverage effective date, group name, group (plan) number
- Hours worked per week, full-time date of hire
- Qualifying event (if mid-year enrollment)
- Employee: name, date of birth, gender, SSN, mailing address, phone, personal email
- Dependent information (if enrolling): name, SSN, gender, DOB, relationship to employee
- Plan selections and tiers, employee signature and date

RETROACTIVE CHANGES

- Enrollments or terminations may be made up to 60 days retroactively from the requested effective date.
- Enrollments received outside the 60-day window will be denied and must be resubmitted at the group's next open enrollment.
- Terminations can only go back 60 days from the date the request is received by TBS.

QUALIFYING LIFE EVENTS

- No mid-year enrollments are allowed unless the member experiences a qualifying life event (must be submitted within 30 days of Qualifying Event):
 - Loss of other coverage
 - Part-time to full-time status change
 - Birth or adoption of a child
 - Marriage or Divorce
 - Turning age 26 and losing coverage through a parent's plan

GROUP ADMINISTRATION

PART-TIME TO FULL-TIME POLICY

- Part-time employees moving to full-time do not need to re-satisfy the BWP. Benefits begin the first of the month following the full-time hire date (or upon completion of any remaining BWP).

REHIRE POLICY

- Employees rehired within 365 days of their termination date do not need to re-satisfy the BWP and must enroll in benefits the first of the month following their rehire date.

COBRA

Requirement: Olympic Benefits Trust requires COBRA administration through **Verde Services only**. Termination effective date and reason must be provided at the time of the termination request.

- Employees and/or their dependents may continue coverage for up to 18 months (or up to 36 months in qualifying cases) if no longer eligible. They are responsible for electing and paying the premiums.
- COBRA coverage ends on the earliest of:
 - 18 months from the date of loss of coverage
 - Date the group policy is discontinued
 - Date premiums are not paid
 - Date the employee obtains full-time work with another employer
 - Date the labor dispute ceases
- **✓ COBRA-ELIGIBLE REASONS**
 - Voluntary or Involuntary Termination
 - Reduction in hours
 - Overage dependents
 - Deceased subscriber (dependents eligible)
- **X COBRA-INELIGIBLE REASONS**
 - Voluntary withdrawal of benefits
 - Involuntary termination due to gross misconduct or gross negligence

GROUP ADMINISTRATION

BILLING & PAYMENT

- Billing runs on the 2nd Friday of each month. Payments are due on the 1st, with a 30-day grace period before termination. Changes processed on or after the 2nd Friday appear on the next month's statement. Pay as billed and note that payment processing takes 5–7 business days.
- TBS accepts the following forms of payment. Please reference your group name and invoice numbers for proper allocation of funds:
 - **EFT** (Electronic Funds Transfer) – **Preferred Method**
 - The group can set up EFT with their financial institution using the information on the first page of each monthly invoice. This is the only recurring/autopay option available.
 - **Check** (see Key Contact page for remittance address)
 - **Monthly ACH Form**
 - Please note this is not an autopay option — an ACH form must be submitted each month to obt@tbsmga.com. Forms are available upon request.
 - Credit card payments are **not accepted**.

GROUP ADDRESS & CONTACT CHANGES

- Submit in writing to obt@tbsmga.com. To add a contact, include: first/last name, job title, phone number, and email. To remove a contact, include their name and the effective date of removal.

CANCELLING GROUP COVERAGE

- Carriers reserve the right to terminate group benefits for reasons including:
 - Material misrepresentation
 - Non-payment of premium
 - Failure to meet minimum contribution and/or participation requirements
 - Failure to provide accurate eligibility information or other breach of contract
- Off-renewal cancellations require written notice **30 days prior** to the requested termination date. If advance notice is not provided, the account will be cancelled at the next billing cycle and the group remains liable for all premiums through that date.

BROKER OF RECORD CHANGE

- Submit a request on company letterhead to obt@tbsmga.com. Include: account numbers for all products, new broker/agency name and Tax ID, effective date, and signature with date.

GROUP ADMINISTRATION

HPS PORTAL

- Group Administration Portal where groups can manage eligibility, view invoices, and make payments.
 - All group administrators have access to invoices and eligibility
 - Submit portal access requests to OBT@tbsmga.com with the following information:
 - Name
 - Job title
 - Phone number
 - Email address

KAISER PERMANENTE ID CARDS

- Kaiser is moving toward digital ID cards. Members can register at kp.org/register or via the Kaiser Permanente Washington mobile app. New members initially receive a physical card; thereafter digital cards are issued except for: EE ID/Name Change, New Dependent, or Dependent Name Change. Groups renewing with plan changes receive new cards; no-change renewals do not.

DELTA DENTAL ID CARDS

- Beginning January 1, 2026, Delta Dental will no longer mail physical ID cards — all cards will be available in the member portal only at deltadentalwa.com/selfservice/registration or via the Delta Dental app.

VSP VISION ID CARDS

- VSP uses digital ID cards only. Members register at vsp.com/create-account or via the VSP mobile app.

FINDING A PROVIDER

- **Kaiser Permanente:** kp.org/wa/find-a-doctor (select Access PPO)
 - Additional providers via First Choice Health: fchn.com/ProviderSearch/KFHPWAO
- **Delta Dental:** deltadentalwa.com/fad/search
- **VSP Vision:** vsp.com/eye-doctor

PLAN & CLAIM QUESTIONS

- For plan-specific questions, contact your broker. TBS does not have access to claims information — all claims inquiries should be directed to the applicable carrier.