



## Requests to Waive Probationary Periods

Effective November 1, 2008, groups with 2-99 eligible employees that request to waive the probationary period for a newly-hired key employee will be required to follow the guidelines below:

- Requests will only be granted to waive the entire probationary period.
- Partial waivers will not be granted.
- Key employee status can only be established at enrollment.
- A key employee is one who directly or indirectly affects the ability of the company to function or earn a profit if they were not hired.
- The individual must perform vital functions for the employer beginning on their date of hire.

To help simplify and expedite the process and provide Underwriting the information needed to make a clear determination on whether or not an employee is a “key” employee, the attached form is being implemented. We encourage the use of this form instead of a request letter. The employee’s enrollment materials and the request form need to be received within 30 days of their eligibility date.

The request form attached will be posted to the Regence Web site very soon.



# Regence

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

## IDAHO KEY EMPLOYEE FORM

Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A key employee is one who would directly or indirectly affect the ability of the company to function or earn a profit if they were not hired.

Please waive the probationary period for \_\_\_\_\_, because he/she meets the definition of a “key” employee by virtue of the following job title and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This individual will perform vital functions for \_\_\_\_\_ beginning on their date of hire \_\_\_\_\_.

By completing and signing this document the undersigned certifies that the above named individual is an active employee as of the above date of hire, meets the definition of a key employee, and would otherwise be eligible for group coverage under the employer’s group health plan.

Group Administrator Signature: \_\_\_\_\_

Key Employee Signature: \_\_\_\_\_