

**AGENT CHECKLIST
NEW GROUP
ENROLLMENT- ID**



251 East Front Street, Ste 203
Boise, Idaho 83702
(208) 342-3709 or (888) 492-2875
Fax (208) 342-4508

Group Name: _____ **Effective Date Requested:** _____

Groups must be submitted on or before the 1st of the month in which they are effective. Groups requesting an effective date of the 15th must be submitted on or before the 15th of the month.

REQUIRED ITEMS:

Request for Group Insurance: Please verify each page is filled out completely. Be sure to include:

- | | | |
|--|--|--|
| <input type="checkbox"/> Full legal name of business | <input type="checkbox"/> Federal I.D. number | <input type="checkbox"/> Group inception date |
| <input type="checkbox"/> Form of organization | <input type="checkbox"/> Affiliates | <input type="checkbox"/> Employer contribution |
| <input type="checkbox"/> Employees on continuation
(complete all columns) | <input type="checkbox"/> Prior insurance company | <input type="checkbox"/> Agent signature |

- Verify that the number of applications and waivers submitted match the total number of enrolling and waiving employees on page two of the application.
- Check **Yes or No** for all requested benefits and enter the plan names.
- Note any special endorsements on the application.

Group Health/Dental Enrollment applications: Verify that all applications submitted are **legible** and include:

- | | | |
|--|--|---|
| <input type="checkbox"/> Employee's exact date of hire if
less than 2 years | <input type="checkbox"/> Social Security Number
for all enrolling members | <input type="checkbox"/> Employee's address, city, state, zip |
|--|--|---|

Tax documents for groups of 3 or fewer : Groups of three or fewer must be submitted by the 20th of the month prior to the effective date.

- If the relationship between the employees is a business partnership, include:**
Copy of most recent Federal Form 1065; or a copy of the partnership agreement
- If the relationship between the employees is that of an employer and employee, include:**
Copy of most recent Quarterly Wage and Tax Report
- If a sole proprietorship, include:** Copy of most recent 1040 Schedule C in addition to above forms

Waiver of Coverage: Must be submitted for any employee waiving to other group coverage. Be sure to include:

- | | | |
|---|--|---|
| <input type="checkbox"/> Employee's name, address,
date of hire, signature and
date | <input type="checkbox"/> Name(s) of all family members
waiving coverage | <input type="checkbox"/> Other insurance carrier
and policy number |
|---|--|---|

Prior Carrier Billings: Include the last month's billings from the prior insurance company in order to credit pre-existing waiting periods, or other proof of prior coverage. Billings must include the employees name and the dates the employee was covered on the policy. **Claims that are subject to the pre-existing waiting period may be denied, until the member can provide proof of prior coverage.**

First month's premium

QUESTIONS?

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