

**AGENT CHECKLIST
NEW GROUP
ENROLLMENT - ID**



408 E. Parkcenter Boulevard, Ste 100
Boise, Idaho 83706
(206) 342-3709 or (888) 492-2875
Fax (208) 344-4262

Group Name: _____ Effective Date Requested: _____

Groups must be submitted on or before the 1st of the month in which they are effective.

REQUIRED ITEMS:

- Master Application:** Please verify each page is filled out completely. Be sure to include:
 - Full legal name of business
 - Federal I.D. number
 - Group inception date
 - Form of organization
 - Affiliates
 - Employer contribution
 - Employees on continuation (complete all columns)
 - Prior insurance company
 - Agent signature
 - SIC Code

- Verify that the number of applications and waivers submitted match the total number of enrolling and waiving employees on the census.
- Write out all of the 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:
 - Employee's exact date of hire if less than 2 years
 - Social Security Number for all enrolling members
 - 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 or dependent waiving to other group coverage. Be sure to include:
 - Employee's name, address, date of hire, signature and date
 - Name(s) of all family members waiving coverage
 - 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?

Dave Ewers, Regional Sales Manager dewers@pacificsource.com
Joe Morgan, Sales Assistant (Southwest Idaho) jmorgan@pacificsource.com
Jacquelyn Hanners, Sales Assistant (Northern and Eastern Idaho) jhanners@pacificsource.com