

# AGENT CHECKLIST OREGON NEW GROUP ENROLLMENT



Group Name: \_\_\_\_\_ Effective Date Requested: \_\_\_\_\_

**Groups must be received by PacificSource prior to the requested effective date. If all required information is not received at least ten days prior to the effective date, group set-up and member materials are subject to delays.**

- Quoted online by agent       Quote attached       Quoted at PacificSource

## REQUIRED ITEMS

- Group 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
- 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  all requested benefits. *Initial by "no" if no Rx plan is requested.*
- Confirm all eligibility and benefit information is correct. *Once a new group is received and processed, benefits and eligibility cannot be changed retroactively or improved prior to renewal.*
- Note any special endorsements on the application.
- Oregon Group Profile Form (GPF):** Please verify each page is filled out completely.
- Health/Dental Enrollment applications:** Verify that all applications submitted are **legible** and include:
- Employee's date of hire       Social Security Number       Employee's signature and date
  - Marital status       Gender       Birth dates       Relationship, if different last name
- Continuation/COBRA Applications**
- Waiver of Coverage:** Must be submitted for any employee waiving to other group coverage. Be sure to include:
- Employee's name       Employee's address       Other insurance carrier
  - Employee's signature and date
- Prior Carrier Billings:** Include the last six months billings from the prior insurance company to credit pre-existing waiting periods. Billings must include the employees name and the dates employees were covered on the policy.
- First Month's Premium**
- Common Ownership Confirmation Form** if affiliated groups to be covered as one group.
- Groups of 3 or Fewer:** Groups of three or fewer must be submitted by the 20<sup>th</sup> of the month prior to the effective date, along with one of the following tax documents:
- The most recent Oregon Quarterly Tax Report filing (form OQ) and the Unemployment Insurance Employee Detail Report (Form 132)
  - If sole proprietorship, the most recent 1040 Schedule C in addition to forms OQ and 132.
  - If business partnership, a copy of either the most recent Federal Form 1065 or partnership agreement.
- HSA Integrated Banking Application** (for HSA plans using HSA Bank only)
- Submit all forms and required information to PacificSource prior to the effective date of the group.**