



NEW GROUP ENROLLMENT CHECKLIST

- Employer Group Information Sheet** *(To be completed by the employer)*

- Employee Action Form** *(Enrollment Form – also serves as waiver)*
Please verify that all fields are complete, including employer group name, occupation, date of hire or date reinstated, hours worked per week, and effective date of coverage. The employee must sign and date this form.

- Uniform/Universal Medical Appraisal Form** *(one per family)*
Each question must be answered “yes”, “no” or “N/A.” For all questions checked “yes,” please provide an explanation. All forms must also be signed and dated within 60 days of the sold case submission date.

- Proof of Business – Quarterly Wage Report (SUTA)**
Indicate the status of each employee listed on the SUTA with one of the following: enrolled, waived, termed, part-time, or in waiting period. Groups in business less than 3 months must provide a business license and a listing of employees on company letterhead as proof of business.

- Proof of Creditable Coverage/Prior Coverage**
For all employees enrolling on a PPO Plan, proof of prior coverage is required. This information identifies which employees will have a pre-existing limitation applied to their policy. Proof of prior coverage can be provided using the following documents: 1) The most recent billing statement from the current carrier, listing all employees, or 2) A Certificate of Creditable Coverage from the prior carrier for each enrolling employee.

- Exhibit B Authorization Agreement for Prearranged Payments** *(for group size 2-9 only)*

The additional following documents will be required no later than 5 business days prior to the group’s effective date:

Signed Contract	
Group Letter of Agreement Rate Sheet Hours Worked Amendment Payment Authorization	A faxed copy is acceptable for initial submission. Original documents required by effective date.
COBRA Eligible Groups of 20 or More EE’s	
If administering own COBRA If electing CONEXIS to administer COBRA	No further paperwork required. CONEXIS application must be completed, signed and submitted.
Vision Rider	If a rider is selected, a signed VSP rate sheet indicating plan selection must be submitted.
First Month’s Premium Check	Make check payable to “Presbyterian”