



## NEW GROUP DOCUMENT REQUIREMENTS:

**PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.**

**Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:**

### AMERITAS DENTAL PPO, VISION AND LASIK & HEARING

Groups applying for a 1st-of-the-month effective date must be submitted to Health Net by the 5th of the month. Paperwork must be completed by the 20th of the month; otherwise, the group will be rolled to the following month.

1. **Group Plan Selection Form:** [Plan Selection Form](#)
  2. **Copy of W&B Quote for final sold plans and rates:** *Quoted plans/rates must match the employer's actual contribution model (voluntary vs employer sponsored) defined in the Group Plan Selection Form and the Ameritas Group Application.*
  3. **Ameritas Group Application (refer to checklist on the following page):** Ameritas Group App
  4. **Copy of Employers Prior Carrier Benefits:** Required when applying for waiver of waiting periods or "Take over".
  5. **Employee Enrollment – all employees must complete an individual form or the broker may submit enrollment via census:**
    - a. Ameritas Enrollment/Change/Waiver Group Insurance Form: [Enrollment Form](#)
    - b. For Census Enrollment, use Ameritas Census File Format: [Census Enrollment](#)
  6. **If the Broker of Record submitting the case is not already appointed with Ameritas group processing may be delayed. The following Broker/Agent forms must be included:**
    - a. Ameritas Broker/Agent Appointment Application: [Appointment App](#)
    - b. Ameritas Authorization Agreement for Electronic Funds Transfer for Broker/Agent Direct Deposit: [EFT Form](#)
- **Section 1: Applicant's Legal Name** - Complete
  - **Section 2: Doing Business As** - Complete, if applicable
  - **Section 3: Applicant's Contact Information** - Complete all fields
    - Mailing address
    - Physical address
    - Phone #
    - Fax # if applicable or N/A
    - Email address for the HR/Benefits Employer Point of Contact
    - Tax I.D. Number

- **Section 4: Nature of Business** - Complete
- **Section 5: Eligibility** - Complete
- **Section 6: Classes and/or Locations** - Complete, must answer Yes or No to each question
- **Section 7: Subsidiary and/or Affiliated Companies** - Complete
- **Section 8: Full Time Employment Hours Per Week** - Complete
- **Section 9: Employee Participation**
  - Enter the percentage the employer is paying toward the employee's premium
  - Ensure the appropriate Contribution model is selected
- **Section 10: Dependent Participation**
  - Enter the percentage the employer is paying toward the Dependent's portion of the premium
  - Ensure the appropriate Contribution model is selected
- **Section 11: Section 125 Plan**
  - If the employer does have a Section 125 Plan, the election period and the Section 125 Plan year MUST be provided.
- **Section 12: ERISA Information**
  - Ensure that a selection is made as it relates to the plan being subject to ERISA
  - This section must be complete if the plan is subject to ERISA:
    - » If the employer wants Ameritas to prepare a SPD for its Dental/Vision plan, the Plan details must also be provided:
      - Plan # and Fiscal Year End Date
      - Plan Administrator Information
- **Section 13: Waiting Period** - Complete
- **Section 14: Effective and Termination Date** - Complete
- **Section 15: Premium Payment Mode**
  - Select Monthly
  - Complete Billing Options sections and ensure Billing Contact Information is complete
- **Section 16: Coverage Applied For (Use Plan Selection Form)**
  - Check the box(s) for the selected coverage to be offered
  - Add LASIK & Hearing, Ortho and or Fusion in the "Add-On's" section, when desired and add premium to plan rates accordingly
- **Section 17: Policy/Certificate Delivery**
  - If email delivery is selected, an email address must be provided.
- **Section 18: Prior Coverage Information**
  - If this is NOT a virgin group, prior coverage details MUST BE provided.
- **Employer/Policyholder:** Please ensure that information is complete and that the employer has signed the document.
- **Soliciting Agent (Broker) Information:** Please ensure that information is legible and that the broker has signed the document.

- **Include voided check with EFT form**
- **Binder check is not required**

**NOTE: Failure to complete the application correctly may delay the case approval and issuance.**

After approval, prior carrier termination letter must be submitted by the employer or broker.