

**Small Group Agent Checklist (1-100 lives)**

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:

- ☐ **Complete, sign and date** the "Agent's Attestation" section of the Employer Application.
- ☐ Please review all forms to ensure that employee applications are complete with signatures and dates. Incomplete forms could delay processing time.

Please submit all necessary forms and documentation, including:

- ☐ Copy of Agent's quote (based upon final enrollment).
- ☐ The most current *Employer Enrollment Application* (including *Cal-COBRA/COBRA/FMLA Questionnaire*, if applicable).
- ☐ The most current employee enrollment applications from all employees enrolling.
- ☐ Waivers from all employees not electing coverage (Proof of coverage may be required).
- ☐ Copy of company's most recent Quarterly State Tax Withholding Report.
 - Indicate on the document current employment status for each employee listed; example full-time, part-time or terminated.
 - Payroll may be required for new hires not listed on the Quarterly State Tax Withholding Report.
 - An Eligibility Statement will be required for any officers/owners not on the quarterly wage report.
- ☐ If "take-over coverage," a copy of the prior carrier's last month's group premium statement.
 - Copy of last month's prior carrier's group premium statement must be provided for all products elected.
- ☐ A completed Electronic Debit Payment form for 100% of the first month's premium along with a voided check. (If electronic debit is not agreed to, a company check may be accepted, subject to additional processing time.)
- ☐ Completed Conditions of Enrollment Start-Up Companies/PEO Spin-Off Groups (if applicable).
- ☐ If applicable, include a completed Premium Only Plan (P.O.P.) enrollment form and a separate check in the amount of \$125 payable to Anthem Blue Cross (Anthem).

Anthem will accept new group submissions for the following effective dates:

- 1st of the month — submit by the 5th working day of the month.
- 15th of the month — submit by the 12th calendar day of the month.

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

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding Anthem Blue Cross' SBCs, contact your Word & Brown representative.