



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:

- ☐ NGBS Implementation Questionnaire
- ☐ Census Attestation
- ☐ NGBS Self-Funded Program Employer Agreement
- ☐ Business Associate Agreement
- ☐ Administrative Services Agreement
- ☐ Network Agreement
- ☐ Health Care Reform Act
- ☐ Allied ACH Authorization Form

***In addition to the above, we must also receive:

- ☐ A **complete census showing all active employees**, even new hires who are in the waiting period.
- ☐ Next to each name please indicate whether they are full time or part time, and if they are waiving or enrolling.
- ☐ Copy of group's most recent **State Quarterly Wage and Tax Report**, including pages that list each employee by name and their earnings.
- ☐ Employee waivers if not already sent in with the applications. (only need first page section B completed for a waiver)
- ☐ Final Signed Quote with plan election - **to be signed by employer** (last page of quote)

PLEASE TAKE NOTE OF THE FOLLOWING

- * Even if you are not waiving the waiting period, we still need an enrollment or a waiver for all full time employees. If you are not waiving the waiting period and a person waives at enrollment, they cannot enroll until the group's next year open enrollment - SEE CENSUS ATTESTATION FORM FOR FULL GUIDELINE
- * The rates that are signed off on do not include the PCORI fee (\$2.26 per covered life per year combined)

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