



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:

- ☐ Employer Check for the first month's premium payable to "AAQHC." Carrier requires 100% of the premium.
- ☐ Completed and signed Employer Application and Group Membership Application and Guidelines.
- ☐ Completed Group Enrollment/Change Form signed and dated by each employee within 60 days of the requested effective date.
- ☐ Employer Application and Employee Applications must be signed and dated on or prior to the requested effective date.
- ☐ Declination of Medical/Dental Coverage Form for all waiving employees and copies of their current ID cards if they have other coverage.
- ☐ Health Statements are required for groups of 4-50 enrolling employees if the group wants to be considered for less than a 1.1 RAF. Groups of 15+ enrolling employees that qualify for the RAF special do not need to complete health statements. All non-guaranteed issue groups must provide Health Statements regardless of group size. Groups of 2-3 employees always receive a 1.1 RAF.
- ☐ Most recent prior carrier billing statement listing the group's name, all the covered employees and the billing date. If the group does not have prior coverage and some employees have their own coverage, provide copies of those employees' ID cards.
- ☐ The most recent quarter **DE-9C (formerly DE-6)** reconciled. For new hires not appearing on the DE-9C, 2 weeks of current payroll records are required (W-4's are an acceptable substitute). If the DE-9C is not available due to the group's time in business, provide the most recent consecutive 4 weeks of payroll records. For the owners/partners not appearing on the DE-9C or showing part-time wages on the DE-9C, provide a completed Sole Proprietor, Partner or Corporate Officer Statement and required ownership documentation.
- ☐ When a company has a DBA (Doing Business As), a copy of the current Fictitious Business Name Statement must be provided to link the legal name to the DBA.
- ☐ 1099 Employees are not eligible for coverage
- ☐ **Fees and Dues:**
 - The enrollment fee is \$10.00 per member (one time) with a \$50.00 maximum for any group.
 - The monthly administration fee is \$5.00 per group.
 - The membership dues are \$1.00 per member per month to a maximum of \$15.00 per account, per month.
 - All fees and dues are non-refundable.
- ☐ **Licensing:** Completed Appointment Application, W-9 form, along with current California Life License and E&O Declaration page.

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 Cigna's SBCs, contact your Word & Brown representative.