

Sold Group Check List

Please complete and return this Sold Group Check List with all new business submitted.

Name of Group: _____

Type of Plan Requested: _____

PPO Network Requested: _____

- Signed Participating Employer Application**
WI & MI agent must be licensed prior to signing Employer Application.
- Employee Enrollment Forms**
- Disclosure Statement (Wisconsin 2-50 Only)**
Statement must be signed prior to or the same date as the Employer Application.
- First month's premium**
- Prior carrier billing statement**
Please indicate on the prior carrier billing if the individuals not enrolled are terminated (provide termination dates), COBRA, and so forth.
- Wage and Tax Statement or participation statement**
Please indicate on the Wage & Tax Statement if the individuals not enrolled are part-time, terminated (provide termination dates), COBRA, and so forth. If a Wage and Tax Statement is not available, provide a letter from an outside source (lawyer or accountant) indicating who the employees are and how many hours each one works.
- Medicare/COBRA Form**
- Creditable coverage verification**
If the group cannot provide these immediately, please provide start and end dates of coverage for each individual and the name of their prior carrier if it is not already indicated on their enrollment forms.

Split Funded Groups Only

- Administrative Services Agreement**
- Split Funded Adoption Agreement**
- Self Funded Adoption Agreement**

THIS FORM MUST BE SUBMITTED WITH ENROLLMENT MATERIALS

HOME OFFICE USE ONLY
Agent Name: _____
Agent Number: _____
Contract Type: _____
Completed By: _____
Date: _____