



New Group Submission Checklist 2-50 Eligible Employees

Company Name: _____

- 1. Employer Group Application - Must be completed in full, signed and dated by both an authorized company representative and the broker/agent.
- 2. **Small Employer Uniform Employee Application for Group Health Insurance** must be filled out for each full-time employee, (everyone that is applying for coverage must complete this form). The form must be completed in **full** including:
 - Network Health Plan **must** be on all apps (page 1 and page 8)
 - All medical questions **must** be answered
 - Date of full-time employment
 - Height and weight for everyone listed

** The Small Employer Uniform Employee Application for Group Health insurance is considered invalid if not signed/dated, or if completed 90 or more days prior to the requested effective date*

- 3. Waiver section of the Small Employer Uniform Employee Application for Group Health Insurance for each full-time employee waiving coverage (for employee and/or dependent) - **with employee's signature** - The waiver must indicate who is waiving coverage and the reason.- Per Wisconsin Admin. Code 8.60 & 8.65
- 4. Small Employer Renewability Provisions Form. (**copy/fax acceptable***)
- 5. Copy of prior carrier bill (required only when other coverage is being replaced). - Bill must be **current and include employees' names**
- 6. UCT State Quarterly Unemployment Compensation Report Form #UC101A, UCT must be most current and **include employee's names and wages**. - *Per Wisconsin Admin Code 8.65 (Note: For Farms request Form 943 - Employers Annual Tax Return for Agricultural Employees)*
- 7. **Eligibility Certification Form** (required only if there are employees that do not show up on wage and tax), **completed by employer**; this includes **employees who are waiving coverage** or are currently on COBRA/continuation. - *Per Wisconsin Admin. Code 8.65 Section I (copy/fax acceptable*)*

Upon acceptance we will require the first month's premium check or EFT Form and an attached voided check.

*A copy/fax is acceptable when the following appears below the signature: "Copy/fax valid as original"