

All required forms and information must be submitted to AdventHealth Advantage Plans **10 business days** prior to the effective date.

Group name: _____

Date: _____

Employers	<p>Small Group Application</p> <p><input type="checkbox"/> All sections completed in full</p> <p><input type="checkbox"/> Plan selection(s) indicated</p> <p><input type="checkbox"/> Employer signature required</p> <p><input type="checkbox"/> All alterations are initialed by Principal or Benefits Administrator</p> <p>Participation Verification Form</p> <p><input type="checkbox"/> Indicate total number of current employees on payroll</p> <p><input type="checkbox"/> Employee names, SSNs, hours worked per week, status, and hire/termination dates are required</p> <p>Payment</p> <p><input type="checkbox"/> First month's premium check (made payable to Health First)</p> <p>Documents</p> <p><input type="checkbox"/> Occupational license, or business tax receipt (for companies in business 4 months or less)</p> <p><input type="checkbox"/> Payroll summary (for companies that have not completed a RT-6)</p> <p><input type="checkbox"/> Tax documentation (acceptable documents by filings for a Corporation or Partnership: <input type="checkbox"/> RT-6 <input type="checkbox"/> Schedule K1 <input type="checkbox"/> 1099 <input type="checkbox"/> 1096</p>
Requirements	<p><input type="checkbox"/> Participation: 70% of all benefit-eligible employees must enroll for coverage, excluding those with proof of other coverage.</p> <p><input type="checkbox"/> Contribution: Employers are required to contribute 50% of employee-only cost. (See Small Group Underwriting Guidelines for more details.)</p> <p><input type="checkbox"/> Effective date: <input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month</p>
Employees	<p>Enrollment</p> <p><input type="checkbox"/> All sections completed in full</p> <p><input type="checkbox"/> All enrolling dependents are listed in Section 3 of the Enrollment Form.</p> <p><input type="checkbox"/> If waiving coverage, complete Section 4 of the Enrollment Form and provide proof of other insurance, if applicable.</p> <p><input type="checkbox"/> Employee signature required</p> <p><input type="checkbox"/> All alterations are initialed</p>
Broker / Agents	<p><input type="checkbox"/> Complete Section 4 on the Small Group Application and sign Applicant Certification</p> <p><input type="checkbox"/> Review employer and employee forms and documents for accuracy prior to submission, including proof of other coverage for waiving employees.</p>

For any questions or more information, please contact your sales executive.