FLORIDA HOSPITAL CARE ADVANTAGE

Small Group New Enrollment Checklist

Return all paperwork to:
Florida Hospital Care Advantage
Attn: Commercial Sales/New Group Enrollment
6450 US Hwy. 1, Rockledge, FL 32955

All required forms and information must be submitted to Florida Hospital Care Advantage ***10 business days*** *prior to the effective date.*

Group name:____ **Date:**________________________

Employers

Small Group Application

___**All sections completed in full**
___**Plan selection(s) indicated**
___**Employer signature required**
___**All alterations are initialed by Principal or Benefits Administrator**

Participation Verification Form

___**Indicate total number of current employees on payroll**
___**Employee names, SSNs, hours worked per week, status, and hire/termination dates are required**

Payment

___**First month's premium check** (made payable to Health First)

Documents

___**Occupational license**, or **business tax receipt** (for companies in business 4 months or less)
___**Payroll summary** (for companies that have not completed a UCT-6)
___**Tax documentation** (acceptable documents by filings for a Corporation or Partnership:
___UCT-6 ___Schedule K1 ___1099 ___1096)

Requirements

___**Participation**: If the Employer pays 100% of the premium, all eligible employees must be on the plan or have proof of other coverage. If the Employer pays less than 100% of the premium, 70% of the eligible employees must be insured. (See Small Group Underwriting Guidelines for more details.)

___**Contribution**: See Small Group Underwriting Guidelines for more details.

___**Effective date**: ___1st of the month ___15th of the month

___**SHOP-Eligible Group**: ___Yes ___No

Employees

Enrollment

___**All sections completed in full**

___**All enrolling dependents are listed in Section 3 of the Enrollment Form.**

___**If waiving coverage, complete Section 4 of the Enrollment Form and provide proof of other insurance, if applicable.**

___**Employee signature required**

___**All alterations are initialed**

Broker / Agents

___**Complete Section 4 on the Small Group Application and sign Applicant Certification**

___**Review employer and employee forms and documents for accuracy prior to submission, including proof of other coverage for waiving employees**.

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

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