



Small Group New Enrollment Checklist

Health Plans

Return all paperwork to:
Health First Health Plans & Insurance
Attn: Commercial Sales/New Group Enrollment
6450 US Hwy. 1, Rockledge, FL 32955

All required forms and information must be submitted to Health First 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 UCT-6)</p> <p><input type="checkbox"/> Tax documentation (acceptable documents by filings for a Corporation or Partnership: <input type="checkbox"/> UCT-6 <input type="checkbox"/> Schedule K1 <input type="checkbox"/> 1099 <input type="checkbox"/> 1096)</p> |
| Requirements | <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Contribution: 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> <p><input type="checkbox"/> SHOP-Eligible Group: <input type="checkbox"/> Yes <input type="checkbox"/> No</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.