

## New Group Enrollment Requirements Small Employer Products

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH EACH NEW GROUP APPLYING FOR HEALTHCARE COVERAGE WITH SELECTHEALTH<sup>SM</sup>/SELECTHEALTH BENEFIT ASSURANCE COMPANY<sup>SM</sup>**

- 1. A completed New Group Data Summary form signed and dated by the employer and agent/broker
- 2. Completed and signed Master Group Contract Application & Execution Section(s)  
Note: Correct form(s) must be used and signed by owner. The following different forms may be needed:
  - HMO/Plus
  - Select Choice Premier<sup>SM</sup>
  - NationCare (needed in addition to one of the above if NationCare is selected)
  - Dental (if applicable)
- 3. Completed and signed Payment Authorization Agreement (if applicable)  
Note: Quoted rates assume Preauthorized Banking Withdrawal (electronic checking or savings withdrawal) If not elected, add a \$25 monthly administration fee to the group's monthly premium
- 4. A completed, signed, and dated Employee Application or Waiver Form for each employee including employees currently in a new hire waiting period
- 5. For each employee that elects an HSA on the Employee Application: A completed, signed, and dated Health Savings Account Enrollment and Authorization to Disclose Health Information form
- 6. A copy of the most recent billing with current carrier (listing covered employees) or other verification of each employee's length of time on prior plan (i.e., Certificates of Creditable Coverage), if applicable.
- 7. A check for the estimated first month's premium amount
- 8. A copy of the "Utah Department of Workforce Services - Unemployment Insurance - Employer's Quarterly Wage List"
- 9. A copy of last month's payroll records, including hours worked
- 10. A copy of the business license and/or filed articles of incorporation subject to underwriting's request

**NOTE: IT IS REQUIRED THAT YOU SUBMIT THE GROUP THROUGH BROKER EXCHANGE PRIOR TO MAILING FORMS TO SELECTHEALTH.**

**COVERAGE IS NOT IN EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTICE FROM SELECTHEALTH, AND SELECTHEALTH RESERVES THE RIGHT TO DETERMINE THE EFFECTIVE DATE OF COVERAGE. REFER TO THE MASTER GROUP CONTRACT FOR SPECIFIC INFORMATION REGARDING COVERAGE.**

**APPLICATIONS THAT ARE OVER 60 DAYS OLD AND THAT HAVE NOT BEEN ACCEPTED FOR COVERAGE MUST BE RESUBMITTED.**

### AGENT/BROKER NOTES

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