

## New Group enrollment Checklist

- Completed EGA (master application)
- Completed List Enrollment Form -OR- Completed Employee Applications
- Copy of sold quote (with sold rates)
- Copy of most recent Prior Carrier bill (for cases in the 2-9 only)
- Multi-Location Form (if the group is over 50 eligible and organized into multiple working locations)

### **Common things that hold up a case:**

- Please be sure to include the group application, census enrollment or paper applications and sold quote – these are the items needed in order for our team to begin processing a case.
- Please be sure the agent and agency (if applicable) are licensed with Humana
- Make sure all signatures are dated before the desired effective date
- If the group is receiving employer sponsored rates, the eligible count must be the same as the number of enrolled and valid waivers on the list enrollment or paper employee application.
- If the employer is contributing 100% to a plan, all eligible employees must enroll.
- **Cases must be submitted by the 10<sup>th</sup> of the month following the desired effective date.**
- Missing the following information on EE applications – date of hire, hours worked, not selecting a plan when offering a dual choice dental, not electing or waiving coverage on the form and dependent tier selected but no dependents listed on the form.

*Changes in the final enrollment can have an effect on final rates and riders available to the group. If you have any question please consult sales.*



## **1. All Cases (Employer Sponsored and Voluntary)**

1. Completed EGA (master application) - make sure EGA is signed and dated before the effective date, also make sure the agency and writing agent portions are completed – completely fill out the plan selection pages.
2. Completed List Enrollment Form (PREFERRED METHOD – This is the best way to avoid errors and speed up group issue time!) OR- Completed Employee Applications
3. Copy of sold quote
4. Copy of most recent Prior Carrier bill – this is only needed for cases in the 2-9 space or if we are grandfathering in current voluntary or ER sponsored life.
5. Multi-Location Form (if the group is over 50 eligible and organized into multiple working locations)
6. For LTD submissions – please include a copy of the group’s in force LTD contract if the group has current coverage.

## **2. Cases that receive Employer Sponsored dental, vision and life rates:**

- Waiver information – We need a form or the information included on the census even if they are not enrolling in coverage – if the member is waiving please provide the waiver reason (spousal coverage, individual coverage or waiver-other). Spousal and individual waivers are considered valid waivers whereas waiver-other would be used for members who do not want the coverage.
- Binder check or ACH form is no longer required at new case submission time. If you receive a live binder check it can be mailed to:

Humana #533  
c/o Citibank Lockbox Operations  
8430 W Bryn Mawr Ave  
3rd Floor  
Chicago, IL 60631

- A case is not considered complete until all of these items are signed and dated (***before the effective date***). Please only send your materials when they are all completed.

Please let me know if you have any questions or if there’s anything else I can do for you. Have a great day and thank you for your business!