



## New Group Checklist

- Group Master Application
  - Signed Enrollment Application from each Employee
  - Enrollment Roster for all enrolling members in MediExcel Health Plan
  - DE-9C – Small Groups only, please indicate the appropriate code next to each employee’s name:
    - E – Eligible and enrolling
    - W – Eligible and waiving for other group or individual coverage
- Proof of Ownership (*only if business owner is enrolling in the Plan*)
- Deposit Check (*or ACH Direct Deposit Form*) made out to MediExcel Health Plan for the first month’s premium

## Quote Checklist

- Completed Request for Proposal Form (RFP)
  - Small Group RFP for 100 employees or less
  - Large Group RFP for 101+ employees
- Employee Census in Excel; *please include*
  - Last Name, First Name • Date of Birth • Dependants if available, relationship to EE

## New Broker Checklist

- Copy of CA Broker License
- Broker Agreement
- W9
- E&O Certificate of Liability

For questions or additional information, please email us at [rfp@mediexcel.com](mailto:rfp@mediexcel.com) or call us at (619)-421-1659