

New Group Enrollment Requirements Small Employer Products

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH EACH NEW GROUP APPLYING FOR HEALTHCARE COVERAGE WITH SELECTHEALTH:

- 1. A completed New Group Data Summary signed and dated by the employer and agent
- 2. Completed and signed Group Application(s)
NOTE: Correct form(s) must be used and signed by owner. The following forms may be needed:
 - Medical (including Eyewear, if applicable)
 - Dental
 - NationCare (for out-of-state contracts)
- 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 Utah Small Employer Health Insurance Application and Application Supplement Form for each employee, including employees waiving coverage and employees currently in a new hire waiting period
- 5. For each employee that elects a Health Savings Account (HSA) with HealthEquity® on the Application Supplement Form: 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 Employer's Quarterly Wage List (Utah Department of Workforce Services - Unemployment Insurance)
- 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: YOU MUST 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 GROUP HEALTH INSURANCE CONTRACT FOR SPECIFIC INFORMATION REGARDING COVERAGE.

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

AGENT NOTES:
