

Fully insured new group paperwork checklist

Please complete the following required forms and provide the necessary information.

The documents in **Section 1** are required to confirm the sale. These can be provided before the documents in **Section 2**.

Section 1

SOLD CONFIRMATION PAPERWORK		
<input type="checkbox"/>	Proposal Rate Exhibit (provided by Sales)	Review and sign.
<input type="checkbox"/>	Benefit Selection Report (provided by Sales)	Review and sign.

The documents in **Section 2** will need to be completed by the group for account setup.

Section 2

GROUP SETUP INFORMATION		
<input type="checkbox"/>	Group Master Application	Complete each page in its entirety. Must be signed by the group and the producer.
<input type="checkbox"/>	Personal Funding Account set up form	Complete if electing personal funding account administration health savings account, health reimbursement arrangement, and flexible spending account) through the Premera vendor.
<input type="checkbox"/>	Premera Contribution ACH form	Complete and note that personal funding account contributions should be pulled from via ACH (if applicable).
<input type="checkbox"/>	Summary Health Information Authorization for Insured Groups	Complete if enrolling 100 or more employees.
<input type="checkbox"/>	Enrollment Census Spreadsheet	Complete with all member enrollment information. Detailed instructions noted on second tab of workbook.

The documents in **Section 3** are used to collect member enrollment information. The employee enrollment forms do not need to be submitted to Premera if the enrollment census spreadsheet above is used, but groups should keep copies of the forms on file.

Section 3

Employer forms are also located on our website at <https://www.premera.com/wa/employer/resources/forms/>

MEMBER ENROLLMENT INFORMATION		
<input type="checkbox"/>	Member Enrollment and Change Application Member Enrollment and Change Application (Spanish version)	Employee enrollment form for medical and/or dental benefits.
<input type="checkbox"/>	Personal Funding Account Enrollment and Change Application	Employee enrollment form for personal funding account administration through Premera (if applicable).
<input type="checkbox"/>	Disabled Dependent Certification	Form to request coverage for a disabled dependent with certification review. Submit to Premera.
<input type="checkbox"/>	Other coverage questionnaire enrollment Other Coverage Questionnaire Enrollment (Spanish version)	Form to provide information on other health plan coverage. Submit to Premera.