

NEW GROUP ENROLLMENT CHECKLIST

Group Name: _____

Effective Date: _____ **Date Submitted:** _____

This checklist must be completed when enrolling a new group for Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc or Southern National Life Insurance Company, Inc.

LABI Applicant? Yes No, if yes, provide a LABI membership card or application.

MANDATORY TO SUBMIT A NEW GROUP OF ANY SIZE (all items below must be included):

- Completed "Application for Group Coverage," form 01MK5337
- Completed "Employee Enrollment," form 01MK5336 for BCBSLA, HMOLA, or SNL Employee Application (or signed waiver) for each eligible employee -OR- completed "Group Sales Enrollment Spreadsheet" file electronically submitted to your regional office contact.
- Premium Check for the first month's premium (Premium check can not be a broker's check)
- Current Wage and Earning Statement (SUTA, required for companies older than 6 months). See below* if SUTA is not available. Acceptable Employee Authentication documents listed on page 2.
- Copy of signed sold proposal (If Qualifications page is part of proposal, submit all items listed)

MANDATORY TO SUBMIT IF GROUP OF ANY SIZE HAD PRIOR COVERAGE:

- Prior Carrier Invoice for the month prior to effective date of enrollment

MANDATORY TO SUBMIT IF GROUP OF ANY SIZE INCLUDES SNL LIFE PRODUCTS:

- For Life, Beneficiary Management form 28XX1571
- For Life and disability, Prior Carrier booklet is required

MANDATORY TO SUBMIT FOR LARGE GROUPS:

- Completed "Group Health Questionnaire" form 01MK4904 for large groups in accordance with PPACA regulations

If a SUTA* is not available, please provide the following:

Please indicate the entity type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation (included Non-Profit and Religious Entities) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
|--|---|---|

Employer Authentication (provide the following)

For Profit Corporation (1 of 3)

- Articles of Incorporation
- Business License
- Certificate of Incorporation

Not for Profit Corporation

- 501 c Filing (Mandatory for Non-Profit Organizations)

Partnership (1 of 3)

- Copy of State License
- Partnership Agreement
- Copy of Charter

Sole Proprietorship (1 of 2)

- Copy of State License
- Copy of Occupational License

Management or Ownership Authentication (provide the following)

Corporation (1 of 3)

- Operating Agreement
- Most Recent Annual Report
- Copy of By-Laws

Partnership (1 of 2)

- Partnership Tax Return (K-1 with Schedule E)
- Partnership Agreement

Sole Proprietorship

- Copy of Most Recent Tax Return (Schedule C)

~See Reverse~

NEW GROUP ENROLLMENT CHECKLIST – PAGE 2

Group Name: _____

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Employee Authentication (must provide 1 of 2)

- Most recent payroll register, which should be current to the time of installation, provided the company has not been in operation for one quarter
- Current Form 941 (FUTA, required entities older than 6 months but have no SUTA) including corresponding employee listing

If the Company has not been in business long enough to provide any of the above, then two of the four below must be provided

- Copy of Annotated W-4's
- Copy of Annotated L-4's
- Annotated Time Sheets
- Copy of I-9's for each Employee

Group Offering Authentication (please provide the following)

- Copy of sold proposal
- Items listed on qualifications page of proposal (if present)

Please sign when enrollment packet has been completed and reviewed:

Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments _____

