



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.

MANDATORY TO COMPLETE IN EQUOTING FOR A NEW GROUP OF ANY SIZE
(must exactly match "Application for Group Coverage" form 01MK5337):

- | | | | |
|---|---|---|---|
| <p>Under General Tab</p> <ul style="list-style-type: none"> <input type="checkbox"/> Legal Name of Group <input type="checkbox"/> MLR Size <input type="checkbox"/> Parish <input type="checkbox"/> Effective Date <input type="checkbox"/> SIC <input type="checkbox"/> Federal Tax ID Number | <p>Under Contact Tab</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact First Name <input type="checkbox"/> Contact Last Name <input type="checkbox"/> Phone <input type="checkbox"/> Contact Name's E-Mail Address | <p>Under Group Tab</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group Physical Address <input type="checkbox"/> Group Physical City <input type="checkbox"/> Group Physical State <input type="checkbox"/> Group Physical ZIP <input type="checkbox"/> If mailing address is same as physical address, then click the "copy" button. Otherwise, complete mailing address | <p>Under Subgroup 0000</p> <ul style="list-style-type: none"> <input type="checkbox"/> Click the "Pull" button to move information from Contact and Group tabs <p>Under Subgroup 0001 & 0002</p> <ul style="list-style-type: none"> <input type="checkbox"/> If applicable, check "Enable Subgroup" and complete required information |
|---|---|---|---|

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

- Completed "Application for Group Coverage" form 01MK5337.
- Completed "New Group Sales Enrollment Spreadsheet" file.
- Current State Unemployment Tax Assessment (SUTA, required for companies older than 6 months). **See page 2 for a list of acceptable documents*** if SUTA is not available.
- Copy of all signed sold proposals (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 LIFE AND/OR DISABILITY PRODUCTS:

- Prior Carrier booklet is required.

MANDATORY TO SUBMIT GROUP OF ANY SIZE INCLUDES AXA LIFE AND/OR DISABILITY PRODUCTS:

- Completed AXA Application for Insurance form MOEB15GRPAPP.
- Completed AXA Employer Verification Information (EVI) form 154809.

MANDATORY TO SUBMIT IF GROUP OF ANY SIZE IS A LABI APPLICANT:

- LABI membership card or application.

MANDATORY TO SUBMIT FOR LARGE GROUPS (not applicable for life only groups):

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

~See Page 2~

NEW GROUP ENROLLMENT CHECKLIST – PAGE 2

Group Name: _____

Effective Date: _____ Date Submitted: _____

MANDATORY TO SUBMIT FOR LARGE GROUPS WITH AGENCY FEE (group must have 100+ enrolled contracts):

Completed "Agency Fee Form" 01MK6648

MANDATORY TO SUBMIT IF GROUP COVERS OWNERS:

Corporation (1 of 2)

(Owners are Directors)

- Articles of Incorporation including all amendments
- Copy of By-Laws

Limited Liability Co (LLC)

(Owners can be Members or Managers as defined in the articles)

- Articles of Organization including all amendments

Partnership (1 of 2)

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

Sole Proprietorship

- Copy of Most Recent Tax Return (Schedule C)

OWNERS ONLY GROUP – Groups requesting to insure only the owners on a group and do not have any employees must provide a letter on company letterhead documenting that there are NO employees.

***IF A COMPANY HAS NOT BEEN IN BUSINESS LONG ENOUGH TO PROVIDE A SUTA OR IS EXEMPT FROM PROVIDING A SUTA, PLEASE PROVIDE THE FOLLOWING FOR EMPLOYER AUTHENTICATION:**

For Profit Corporation (1 of 2)

- Articles of Incorporation
- Business License

Limited Liability Co (LLC)

- Articles of Organization

Partnership (1 of 2)

- Copy of State License
- Partnership Agreement

Sole Proprietorship (1 of 2)

- Copy of State License
- Copy of Occupational License

Not for Profit Corporation

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

***IF A COMPANY HAS NOT BEEN IN BUSINESS LONG ENOUGH TO PROVIDE A SUTA OR IS EXEMPT FROM PROVIDING A SUTA, PLEASE PROVIDE THE FOLLOWING FOR 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 for each employee

- Copy of Annotated W-4
- Annotated Time Sheets
- Copy of Annotated L-4
- Copy of Annotated I-9

Please sign when enrollment packet has been completed and reviewed:

Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments _____
