



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.

Does this entity file a consolidated federal tax return with any other entity? Yes No

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

- | | | | |
|--|---|---|--|
| Under General Tab | Under Contact Tab | Under Group Tab | Under Subgroup 0000 |
| <input type="checkbox"/> Legal Name of Group | <input type="checkbox"/> Contact First Name | <input type="checkbox"/> Group Physical Address | <input type="checkbox"/> Click the "Pull" button to move information from Contact and Group tabs. |
| <input type="checkbox"/> MLR Size | <input type="checkbox"/> Contact Last Name | <input type="checkbox"/> Group Physical City | |
| <input type="checkbox"/> Parish | <input type="checkbox"/> Phone | <input type="checkbox"/> Group Physical State | Under Subgroup 0001 & 0002 |
| <input type="checkbox"/> Effective Date | <input type="checkbox"/> Contact Name's Email Address | <input type="checkbox"/> Group Physical ZIP | <input type="checkbox"/> If applicable, check "Enable Subgroup" and complete required information. |
| <input type="checkbox"/> SIC | | <input type="checkbox"/> If mailing address is same as physical address, then click the "copy" button. Otherwise, complete mailing address. | |
| <input type="checkbox"/> Federal Tax ID Number | | | |

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 FOR GROUPS OF ANY SIZE IF INCLUDING LIFE AND/OR DISABILITY PRODUCTS:

- Prior Carrier booklet is required.

MANDATORY TO SUBMIT FOR GROUPS OF ANY SIZE IF INCLUDING 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 and 3~

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)

***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

Not for Profit Corporation

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

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

***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 (not applicable to spousal and/or owners only groups)
- Current Form 941 (FUTA, required entities older than 6 months but have no SUTA) including corresponding employee listing
- Current L-1 including corresponding employee listing

If the Company is not able to provide any of the above, then one of the below must be provided for each employee:

- Copy of Annotated W-4
- Copy of Annotated L-4
- Copy of Current W-2
- Copy of Current K-1 documenting earnings received

MANDATORY TO SUBMIT FOR SPOUSAL AND/OR OWNER ONLY GROUPS TO INCLUDE GROUP LEADER SIGNATURE:

1. List the names of the persons or entities who are members, partners or shareholders in this entity and the percentage ownership interest of each (percentage of common stock, profits interest, capital interest, membership interest, etc.). If the entity is a sole proprietorship, indicate the name of the sole proprietor.

2. Are any of the individual owners of the Group listed in Item No. 1 related by blood or marriage? If so, please explain.

NEW GROUP ENROLLMENT CHECKLIST – PAGE 3

Group Name: _____

Effective Date: _____ Date Submitted: _____

3. How many full-time employees (working 30 or more hours a week) did the Group employ in the most recent calendar year? _____
Do not include any member, partner, shareholder or sole proprietor. Please list the name, address and telephone number of each full-time employee listed (please attach additional sheets of paper as necessary). If the Group was not in existence for the entire prior calendar year, please list the number of employees employed for the past calendar quarter. *If the Group was not in existence for the prior calendar quarter, please obtain the number of full-time employees anticipated by the Group for this calendar year. If you have any questions, contact Marketing or Underwriting Management.*

4. Please attach a copy of the Group's most recently filed Form 941, SUTA or L-1. Please attach the Group's initial formation documents on file with the Secretary of State. Depending on the type of Entity formed by the Group, the initial formation documents usually take the form of Articles of Incorporation, Articles of Organization or Partnership Agreement. Although very rare, initial formation documents can take other formats. If the initial formation documents are more than one year old, please review the Secretary of State's website to determine if the Group is in good standing.

5. The Group must have at least one full-time employee (working 30 or more hours a week) to be eligible for small group coverage. Full time employee authentication is stated on page 2 of this checklist and is determined by the documents submitted by the group. *If you have questions about whether an individual constitutes a fulltime employee, such as in a case of a working owner (also known as a bona fide partner), please contact Marketing or Underwriting Management.*

Group Leader Signature _____ Date _____

If the group does not list any employees meeting the definition in the above, the application for group coverage must be denied.

Please sign when enrollment packet has been completed and reviewed:

Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments _____
