

Imprint

Leave a lasting impression



SSL Small Group Submission Checklist

Attention Underwriter:

Enclosed are all of the required items for a new group submission. Please contact me if there are any questions.

- Employer Application**, signed and dated
- Employee Application** for each full-time employee, whether enrolling, waiving or electing COBRA
- First month's **premium check** drawn from employer's business account
(Personal check is not acceptable. Make business check payable to: IHC Health Solutions. Check is not cashed until final rates are received and accepted.)
- Copy of **final proposal**, signed and dated
(The quote must include the correct requested effective date, selected plan benefits, optional benefits and census.)
- Quarterly State Unemployment **Tax Report** – *Most recent quarter*
(Include employee names, Social Security numbers, earnings, summary page and wages page with totals; please indicate any part-time (PT), terminated (T) (**include termination date**) and/or seasonal (S) employees)
- Prior group carrier **billing statement** (*if applicable*)
(Include each employee's effective date with the prior group coverage.)
- Copies of employees' **Certificates of Creditable Coverage** (*if applicable*)

Thank you,

Producer Name

Signature

Phone Number

E-mail Address

Submit case to: IHC Health Solutions, Group Underwriting 2101 West Peoria , Ste. 100, Phoenix, AZ 85029-4925

For Administrative Use Only

Date Received

Group Name