

2-50 new business enrollment checklist

Please submit this form with sold case

Group name: _____

Humana sales representative name: _____

Complete employer group application:

- Your business profile
- General eligibility
- Employer agreement
- Life plan selection form
- Medical plan selection form
- Dental plan selection form
- Agent/producer information sign & date

Additional employer requirements:

- ACH form/binder check for the first month's premium made payable to: **Humana Inc.**
(administrative fee may apply—ask sales representative)
- Humana quote for the requested effective date with sold plan circled
- Copy of current carrier's most recent billing statement
- Copy of the company's most recent state wage and tax statement. Status of all employees must be written on wage and tax (full time, part time, waiving, terminated and termination date)
- Eligibility Certification Form for all employees **NOT** listed on the wage and tax statement
- Full Time Employment Questionnaire and a copy of 1099 form are needed for contracted/commissioned employees taking coverage

For specialty groups such as non-profit, partnerships, MLAs, newly formed companies without wage and tax, and PEO groups, contact your sales representative for additional requirements.

Employee enrollment application:

- All sections completed, signed and dated
- Completed waivers on all eligible employees waiving coverage unless using dental/life list enrollment.
- Application or waiver from all employees currently within COBRA/state continuation period
- Any medical information on application or additional page must be signed and dated by applicant (and spouse if taking employee and spouse coverage) prior to the effective date

Notes: _____

Do not cancel current coverage until you receive written notification of coverage with Humana.

