



## **Check List**

### **ENROLLMENT**

- Employer Participation Agreement/Application appropriate to state – all sections must be completed
- Employee Enrollment Form appropriate to state for each eligible employee – all sections must be completed in full
- State Quarterly Unemployment Withholding Form (most recent quarter)
- Premium – first full month's premium; if the requested effective date is the 15th of the month, submit one and one half month's premium
- Computer-Generated Rate Proposal - signed and dated by the employer
- Prescreen Form – if a prescreen was completed in the past 60 days, attach the form which contained our response
- State Specific Forms – if applicable

### **PARTICIPATION**

- Census Form (24311) – list full and part-time employees unless a State Quarterly Unemployment Withholding Form is filed
- Medical waivers – provide a copy of ID card from other carrier on employees who are waiving medical coverage (not required but expedites processing)
- Complete waiver section of employee application in full - include policy number, name, address, and phone number of the other carrier providing medical coverage

### **PRIOR COVERAGE**

- Copy of the most recent prior carrier's billing statement
- ID card from prior carrier (for individuals not listed on prior bill)