



New Business Submission Checklist	
Group Name:	Effective Date:
Broker(s):	
Checklist:	
	Carrier Contract w/Broker Signature
	Carrier Group Application
	Employee Election Forms/Applications
	Waivers
	Disclosure Statement
	Most recent Quarterly Wage & Tax Document
	Articles of Incorporation or other tax documents
	Student Certification Letters/Disability Certification Letters
	PC Rate Quote (CareFirst)
	Rates Signed by group
	1 st Month's premium
	DC/VA Enrollment forms with medical questions answered
	DC/VA Above forms with Completed Group Screener
	GBS Employer Group Application
	GBS Cobra Form – Continuation of Extended Benefits