GBS Healthy Advantage

SOLD CASE SUBMISSION CHECKLIST

Group Name: _____

Effective Date: _____   **MGU:** _____

Network: _____   **Ancillary Products:** _____

Received (Date & Initial)	Missing Info	Complete (Date & Initial)	Requirement
			Plan Service Agreement
			CIGNA Network Services Agreement
			CIGNA Network Lifesource Document
			CIGNA Network Pharmacy Benefit Management Agreement
			NY Surcharge – *Employer Statement & Application OR TPA Change form (if previously self funded)*
			Prior Carrier Bill
			Employer - Amendment of Domestic Partnership - Optional
			Employee - Affidavit of Domestic Partnership - Optional
			Personal Health Questionnaires: signed AND dated by the employee within 60 days prior to the effective date.
			Waivers – must be signed AND dated by the employee within 60 days prior to the effective date.
			Employee / Dependent Census (in Excel format):

		Name	Date of Hire	Plan Selection
		Gender	Date of Birth	Enrollment Status (E, ES, EC, F)
		Social Security Number	Home Address	Division (if applicable)

Received	Missing Info	Complete	Requirement
			Quarterly Wage and Tax Statement / Tax Documentation* (State Unemployment filing) All employees that have applied for coverage must be accounted for. *Mark each employee status (E=Enrolling, T=Termed, NE=Not Eligible, W=Waive, PT=Part Time)

> ***W-4** forms are required for all new hires electing coverage not showing on the wage and tax statement.
>
> ***Articles of Incorporation** are required for all new companies who have yet to file a quarterly wage and tax statement and for owners not appearing on the wage & tax report.

Received	Missing Info	Complete	Requirement
			Signed Notice of Acceptance OR Signed Rate Sheet
			Assumptions Page - signed and dated
			Deposit Check - for the estimated first month plan premium equivalent - payable to Group Benefit Services, Inc. *(Adjustments will be made with the first monthly bill as required.)*
			Employer Stop Loss Application
			Contingencies Page - signed and dated (**Beacon & USMGU only**)
			HB 2015 Report if group located in TX (**Beacon only**)
			Disclosure Statement completed and signed by administrative contact (**Beacon only**)
			Late Submission Notice - REQUIRED for groups that are submitted <u>after</u> the <u>12th</u> <u>of</u> <u>month</u> prior to the effective date and must be signed by the employer AND producer.
			Case Submission for Processing (GBS Use Only)
			Complete Case submitted to Account Manager for Processing
			Case Submission uploaded onto Sharefile (USMGU)

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