

Enrollment Forms

Central Reserve Life

Partnership Plan

- Group Insurance Application**
Completed in full with complete medical disclosure for each employee
Requested effective date
Groups 10-50: APL-0050
Groups 51+: APL-0131
- Participation Request and Agreement (PRQ-GPT2)**
Employer Application
- Administrative Services Agreement Monthly Cap (AEF-W015)**
Or the Administrative Services Agreement (AEF-W017)
- Asset Management Agreement (AEF-W014)**
- Certification of Plan Amendment (AEF-0591)**
 - AEF-0591 Only needed if full WRAS reporting detail is desired
 - Please also attach How are Employers Affected by HIPAA Privacy? (AEF-0590)
- Additional Required Forms:**
 - ~ Non-Participating Employee Waiver (AEF-0186)
 - ~ Waiver of Dependent Coverage (AEF-0137)

Submission Requirements

- First Month's Premium Payment**
 - ~Check to CRL for Premium
 - ~Check to Western Reserve for Claims Reserve
- Current Wage & Tax Statement**
Reconciled
- Prior Carrier Most Current Billing Statement**
Past 12 months (or at least 1 from 12 months ago) recommended to assist in pre-ex credit
- Copy of Quote**