



Checklist for Submission of Employer Groups*

- Preliminary Review Form (AEF-0301)**
 - Only for those cases that have been prescreened
- Participation Request and Agreement (PRQ-GPT2)**

This form must be completed in FULL including all benefit options and PPO network selection

 - **Arizona** Eligible Employee Criteria for Small Employers, AEF-0571 Required with submission of small employer groups
 - **Missouri** Participation Request and Agreement, PRQ-0015
- Current Wage and Tax Statement** (Used for various requirements including the Patriot Act)
- Group Insurance Enrollment Applications**

Alabama, Arizona, Illinois, Missouri, Nevada, Ohio, Tennessee and West Virginia:

 - **APC-0409** for 2-9 employees Group Insurance Enrollment Application (Rev. 10/06/04)
 - **APC-0410** Partnership & 10+ Group Insurance Enrollment Application (Rev. 08/30/04)
 - **APC-0411** 51+ Group Insurance Enrollment Application (Rev. 08/30/04)

Georgia:

 - **APL-0554** for 2-9 employees Group Insurance Enrollment Application (Rev. 10/27/04)
 - **APL-0555** Partnership & 10+ Group Insurance Enrollment Application (Rev. 08/31/04)
 - **APL-0556** 51+ Group Insurance Enrollment Application (Rev. 08/31/04)

Indiana:

 - **APL-0570** Group Insurance Enrollment Application (01/03/05)
 - **APL-0571** Partnership & 10+ Group Insurance Enrollment Application (01/03/05)
 - **APL-0572** 51+ Group Insurance Enrollment Application (01/03/05)

Kansas:

 - **APL-0502** 2-50 employees Kansas Group Insurance Enrollment Application (9/22/04)
 - **APL-0501** Kansas 51+ Group Insurance Enrollment Application (9/22/04)

Pennsylvania:

 - **APL-0558** for 2-9 employees Pennsylvania Group Insurance Enrollment Application (10/28/04)
 - **APL-0559** Pennsylvania Partnership & 10+ Group Insurance Enrollment Application (10/28/04)
 - **APL-0560** Pennsylvania 51+ Group Insurance Enrollment Application (10/28/04)

Virginia:

 - **APL-0562** Virginia Group Insurance Enrollment Application (10/18/04)
 - **APL-0563** Virginia Partnership and 10+ Group Insurance Enrollment Application (10/18/04)
 - **APL-0564** Virginia 51+ Group Insurance Enrollment Application (10/18/04)

Wisconsin:

 - **APL-0574** Small Employer Uniform Employee Application for Group Health Insurance (02/03/05)
 - **APL-0131** 51+ Group Insurance Enrollment Application (Rev. 12/03/03)
- First Month's Premium** Payment check made payable to Central Reserve Life
- Copy of Group Quote (prepared by my office)**
- Prior Carrier Most Current Billing Statement and a Copy From One Year Prior**
 - **Nevada** (25+ Lives) provide Schedule of Benefits
- Certificate of Creditable Coverage for each employee and dependent**
 - If not available, send at a later date.
- Writing Agent Currently Licensed with CRL.** Writing agent must have group authority (Appointment paperwork can be submitted concurrently with new business in all states as long as the agent holds a state insurance license.)

(More on back)

*Be sure to use the most current versions of each form. If you need assistance with forms or other questions, contact Agency Support at 1-877-735-5275.

Checklist for Submission of Employer Groups (continued)

- Additional forms / state specific forms:**
 - Non-Participating Employee Waiver **(AEF-0186)**
 - Waiver of Dependent Coverage **(AEF-0137)**
 - Optional Employee Deductible Selection Form **(AEF-F046)**
 - Non-Profit Organization Questionnaire **(AEF-0191)**
 - Leasing Company Questionnaire **(AEF-0208)**
 - **Alabama** Arbitration Notice **(AEF-0573)**
 - **Georgia** Disclosure Notice **(AEF-0342)**
 - **Kansas** Non-Participating Employee Waiver **(AEF-0266)**
 - **Kansas** Waiver of Dependent Coverage **(AEF-0267)**
 - **Missouri** Addendum to Group Insurance Application **(AEF-0578)**

For Partnership Enrollment:

- Administrative Services Agreement Monthly Cap (AEF-W015) or Administrative Services Agreement (AEF-W017)**
- Asset Management Agreement (AEF-W014)**
- Check made payable to Western Reserve Life to establish Claims Paying Account
- AEF-0591** GHP HIPAA Certification (Optional for Employer to submit)

For more information regarding Health Savings Accounts (HSAs), you can go to My Health Savings Bank at www.MyHealthSavingsBank.com, an HSA Administrator available to our clients.

Submitted by: _____ Signature: _____

MGA/GA Code: _____

Comments on this case:
