



## NEW GROUP ENROLLMENT CHECKLIST FOR 2-5 ENROLLING CONTRACTS

Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

This checklist must be completed when enrolling a new group with two (2) to five (5) enrolling contracts for Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc or Southern National Life Insurance Company, Inc.

### **MANDATORY TO COMPLETE IN EQUOTING**

(must exactly match "Application for Group Coverage" form 01MK5337):

#### Under General Tab

- ☐ Legal Name of Group
- ☐ MLR Size
- ☐ Parish
- ☐ Effective Date
- ☐ SIC
- ☐ Federal Tax ID Number

#### Under Contact Tab

- ☐ Contact First Name
- ☐ Contact Last Name
- ☐ Phone
- ☐ Contact Name's Email Address

#### Under Group Tab

- ☐ Group Physical Address
- ☐ Group Physical City
- ☐ Group Physical State
- ☐ Group Physical ZIP
- ☐ If mailing address is same as physical address, then click the "copy" button. Otherwise, complete mailing address

#### Under Subgroup 0000

- ☐ Click the "Pull" button to move information from Contact and Group tabs

#### Under Subgroup 0001 & 0002

- ☐ If applicable, check "Enable Subgroup" and complete required information

### **MANDATORY TO SUBMIT FOR A NEW GROUP (all items below must be included):**

- ☐ Completed "Application for Group Coverage" form 01MK5337.
- ☐ Completed "New Group Sales Enrollment Spreadsheet" file.
- ☐ Copy of all signed sold proposals (If Qualifications page is part of proposal, submit all items listed).

### **MANDATORY TO SUBMIT IF GROUP HAD PRIOR COVERAGE:**

- ☐ Prior Carrier Invoice for the month prior to effective date of enrollment

### **MANDATORY TO SUBMIT IF GROUP INCLUDES LIFE AND/OR DISABILITY PRODUCTS:**

- ☐ Prior Carrier booklet is required.

### **MANDATORY TO SUBMIT IF GROUP INCLUDES AXA LIFE AND/OR DISABILITY PRODUCTS:**

- ☐ Completed AXA Application for Insurance form MOEB15GRPAPP.
- ☐ Completed AXA Employer Verification Information (EVI) form 154809.

### **MANDATORY TO SUBMIT IF GROUP IS A LABI APPLICANT:**

- ☐ LABI membership card or application.

~See Page 2~

## NEW GROUP ENROLLMENT CHECKLIST FOR 2 - 5 ENROLLING CONTRACTS – PAGE 2

Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please complete the following:

1. Type of Entity (Check One): \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship
2. Does this Entity File a Consolidated Federal Tax Return with any other entity? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. List the names of the persons or entities who are members, partners or shareholders in this entity and the percentage ownership interest of each (percentage of common stock, profits interest, capital interest, membership interest, etc.). If the entity is a sole proprietorship, indicate the name of the sole proprietor.  
\_\_\_\_\_  
\_\_\_\_\_
4. Are any of the individual owners of the Group listed in Item No. 3 related by blood or marriage? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
5. How many full-time employees (working 30 or more hours a week) did the Group employ in the most recent calendar year? \_\_\_\_\_

Do not include any member, partner, shareholder or sole proprietor listed in Item No. 3 in this number. Do not include any spouse of any member, partner, shareholder or sole proprietor listed in Item No. 3 in this number. Please list the name, address, and telephone number of each full-time employee listed (please attach additional sheets of paper as necessary). If the Group was not in existence for the entire prior calendar year, please list the number of employees employed for the past calendar quarter. ***If the Group was not in existence for the prior calendar quarter, please obtain the number of full-time employees anticipated by the Group for this calendar year; and if you have any questions, contact Marketing or Underwriting Management.***  
\_\_\_\_\_  
\_\_\_\_\_

6. Please attach a copy of the Group's most recently filed Form 941, SUTA, or L-1. Please attach the Group's initial formation documents on file with the Secretary of State. Depending on the type of Entity formed by the Group, the initial formation documents usually take the form of Articles of Incorporation, Articles of Organization, or Partnership Agreement. Although very rare, initial formation documents can take other formats. If the initial formation documents are more than one year old, please review the Secretary of State's website to determine if the Group is in good standing.
7. The Group must have at least one full-time employee (working 30 or more hours a week) who is not the spouse of any member, partner, shareholder or sole proprietor listed in Item No. 3 to be eligible for small group coverage. ***If you have questions about whether an individual constitutes a full-time employee, such as in a case of a working owner (also known as a bona fide partner), please contact Marketing or Underwriting Management.***

If the group does not list any employees meeting the definition in #7, the application for small group coverage must be denied.

Please sign when enrollment packet has been completed and reviewed:

Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_