



DeanHealthPlan

A member of SSM Health

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deancare.com

Small Group Submission Checklist (2-50 eligible)

Submissions requested on or before the 20th of the month prior to the requested effective date will have enrollment completed by the effective date. Please include this form with group submission. *Enrollment may be delayed if all items are not received upon initial submission.

Group Name: _____ Effective Date: _____

Agent and/or Contact Name: _____

Phone: _____ Email: _____

Employer Group Application

- Complete at the same time as the Solicitation Disclosure
- Date noted must be prior to effective date

Solicitation Disclosure

- Complete at the same time as the Employer Group Application
- Must be signed and dated (same date as Employer Group Application) by Agent and Business Owner.

Wage & Tax Statement (UC-101)

- Include the most recent quarterly statement
- Indicate the status of all employees (full-time, part-time, seasonal, termed etc.)
- For any employee who is no longer employed, list the termination date
- If adding newly hired employees to the Wage & Tax, please indicate their Date of Hire and have the owner sign and date the form as certification.
- Husband & Wife ONLY groups will also need to supply proof that wages are being paid in some other form if not listed on the Wage and Tax (i.e. W2, Income Tax Return, Schedule K or F)

Eligibility Certification Form

- This form is not required, however is a supplement to the Wage & Tax if an employee is not listed.
- Example: Owners and New Hires not on the Wage & Tax can be listed on this form.

Prior Carrier Bill (If applicable)

- Include a copy of the group's most recent premium billing statement

Employee Applications

- Applications or waivers must be completed by all eligible employees, even those in their probationary period, applying for coverage with another employee (i.e. husband and wife both employed by the same employer) or eligible for COBRA.
- For those waiving coverage due to other insurance by completing the "Waiver of Coverage" form, please ensure all current carrier questions are answered
- If multiple plans are elected by the employer group please ensure each employee application identifies their plan choice.

Copy of Signed Group Final Rate Sheet indicating plan design selection.

Premium Check

- Required with group submission.
- Premium Check must be 90% or more of the final monthly rate based on actual enrollment.

Additional items that may be required prior to group enrollment:

- Signed Domestic Partner Addendum if applicable
- Signed Freedom of Choice (FOC) if a POS/PPO plan is selected
- HRA - Third Party Administration Form
- Plan Well HSA Application

For questions please contact your Sales Executive or email sales@deancare.com
Do not cancel existing coverage until approval from Dean Health Plan has been received.