



## HEALTH PLAN COMMUNITY

### SMALL GROUP SOLD CHECKLIST

Thank you for choosing McLaren Health Plan Community! Please supply all the following items to ensure the appropriate processing of your group. Completed paperwork should be submitted 30 days prior to the requested effective date.

- ☐ **Small Group Master Contract** – A completed, signed and dated [Small Group Master Contract](#) and all exhibits.
- ☐ **Plan selection** – Please highlight the plan(s) selected on the quote sheet.
- ☐ **Enrollment Forms Eligibility** – [Enrollment/Change forms](#) must have birthdates, SSN's, PCP selection for subscriber and all dependents enrolling in the plan. Must be signed by employee and group administrator. The **Eligibility Spreadsheet\*** can be used in lieu of Enrollment/Change forms.
- ☐ **Employee Waiver Forms** – All employees waiving coverage must complete and sign an [Employee Waiver Form](#) or this information can be supplied on the **Eligibility Spreadsheet\*** supplied by the group administrator.
- ☐ **Binder Check** – Paperwork must be accompanied with a binder check for the first month's premium **payable to: McLaren Health Plan Community**.
- ☐ **Group Underwriting Roster Payroll Register**– Completed [Group Underwriting Roster](#) with group administrator's name and signature on page 1.
- ☐ **Quarterly Wage Detail Report** – Please provide the most recent Quarterly Wage Detail Report. If this is not available, please provide the last invoice for the prior carrier.
- ☐ **Group Status Verification Form** – A completed, signed and dated [Group Status Verification Form](#).
- ☐ **Delta Dental Information**
  - ☐ Plan selected – See available [Delta Dental Plans and Rates](#)
  - ☐ Completed [Delta Dental Eligibility Enrollment/Update form](#) for each subscriber and dependents
  - ☐ Completed [Delta Dental Client Information form](#)
- ☐ **Pediatric Dental Attestation Form** – [Small Group Pediatric Essential Health Benefit Acknowledgement form](#) must be completed and signed.
- ☐ **Proof of worker compensation coverage**
- ☐ **Completed paperwork can be emailed (secure only) to your sales executive and binder checks should be sent to:**

**ATTN: Finance McLaren  
Health Plan G-3245 Beecher  
Road Flint, MI 48532**

\*Contact your Sales Executive to request a copy of the **Eligibility Spreadsheet**.