



HEALTH PLAN COMMUNITY

LARGE GROUP SOLD CHECKLIST

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

- ☐ **Group Enrollment and Coverage Agreement** – A completed, signed and dated [Group Enrollment and Coverage Agreement](#) and all exhibits.
- ☐ **Plan selection** – Please indicate the plan selected by submitting a copy of the BIB (Benefits in Brief).
- ☒ **Enrollment Forms** – [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. Please discuss other forms or electronic files with the sales executive prior to submitting enrollment forms.
- ☐ **Employee Waiver Forms** – All employees waiving coverage must complete and sign an [Employee Waiver Form](#). *A list of waivers signed by group or an email from the group is acceptable.*
- ☐ **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](#).
- ☐ **Proof of worker compensation coverage**
- ☐ **Completed paperwork can be emailed (secure only) to your sales executive.**