



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.

- ✓ **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.
- ✓ **Employee Waiver Forms** – All employees waiving coverage must complete and sign an **Employee Waiver Form**.
- ✓ **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-if applicable**
 - Completed **Delta Dental Eligibility Enrollment/Update form** for each subscriber and dependents
 - Separate Binder Check **payable to: Delta Dental**.
- ✓ **Completed paperwork can be emailed (secure only) to your sales executive.**