



## HEALTH PLAN

### SMALL GROUP SOLD CHECKLIST

Thank you for choosing McLaren Health Plan! Please supply all the following items to ensure appropriate processing of your group.

- ✓ **Small Group Master Contract** – A completed, signed and dated **Small Group Master Contract** and all exhibits.
- ✓ **Plan selection** – Please indicate the plan selected by circling on the quote sheet.
- ✓ **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**.
- ✓ **Binder Check** – Paperwork must be accompanied with a binder check for the first month's premium **payable to: McLaren Health Plan**.
- ✓ **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
  - Separate Binder Check **payable to: Delta Dental**.
- ✓ **Pediatric Dental Attestation Form** – **Small Group Pediatric Essential Health Benefit Acknowledgement form** must be completed and signed.
- ✓ **Completed paperwork can be emailed (secure only) to your sales executive and Binder Checks should be sent to:**

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