Total Health Care USA, Inc. Group Submission Checklist

INTERNAL USE ONLY

Group #:_____

ACC. EXC.: _____

ACC. MAN.:_____

Group Name:_____ Group Effective Date:_____

Agency:_____ Agency Phone:_____

Agent Name:_____ Agent Email Address:_____

AGENT INITIALS	REQUIREMENTS
	Group Administration Form
	Most recent payroll tax information (wage detail report)
	Dental Attestation Form (small group)
	Proof of current Worker Compensation Carrier (policy number can be provided on the group administration form)
	Agent Agreement (new)
	Agent Commission Acknowledgement
	Late Group Submission/Letter of Acknowledgment (if submitted after the 21st of each month)
	Employer Portal Registration https://thc-mi-pm.ikaenterprise.com/EmployerGroup/Employer.aspx

ADDITIONAL REQUIREMENT	WHEN APPLICABLE
Proof of Ownership	Owners who are not on payroll may be required to provide proof of ownership: a copy of the most recently filed business tax documents (K-1 with an 1120 or 1065 or a schedule C), and an individual filed return for federal 1040 page 1. The most recent W-2 showing significant wages from the business will also suffice.
Subscriber/Waiver Info	Complete and signed Enrollment Change of Status (ECOS) form and waiver. The Group Representative must sign the ECOS form , and employees must sign the waiver(s).
Employee Validation	Information on the roster and Quarterly Wage Detail Report must match each other and the ECOS form and waiver(s). Any discrepancies will require further validation.
Company Information	Discrepancies on Hoover, the company's website, the DOL website, etc. will require further explanation or documentation.

BENEFIT OPTIONS FOR SMALL COMPANIES

PRODUCT: ❑ HMO ❑ POS

BENEFIT PLAN: _____

❑ Domestic Partner

BENEFIT OPTIONS FOR LARGE COMPANIES

PRODUCT: ❑ HMO ❑ POS ❑ PPN

BENEFIT PLAN: _____ **TIER:** _____

❑ Vision ❑ Hearing ❑ SNF

❑ Domestic Partner ❑ Abortion ❑ Rx_____

MISSING INFORMATION MAY DELAY EFFECTIVE DATE

Coverage for the group will begin on the effective date, contingent upon approval by Total Health Care USA Underwriting. It is important that all required paperwork is fully completed and accurate, and that the Group Submission Checklist is signed and submitted.

*By signing this I do hereby certify that all statements made by me in this application are true and accurate to the best of my knowledge.

_____

Agent Signature Date

_____

Account Executive Signature Date