

Group Enrollment Checklist

(1-50 Employees)

Email Completed Paperwork to: <u>nbsub@tbsmga.com</u> Mail Completed Paperwork to: 155 108th Ave NE Suite 800, Bellevue WA 98004

www.tbsmga.com / Main: 425-777-4650

AETNA PLANS

Initial Premium Payment

- A check made payable to Total Benefit Solutions or an ACH for the estimated first month's premium.
- Please mail initial check payments to: P.O. Box 10448 Yakima, WA 98909

Employer Application Form

• All pages should be completed and signed by the plan sponsor and broker.

Employee Enrollment and Waiver Form or Enrollment Census

- All employee and dependent information should be provided including physical home address (PO box can only be used as mailing address).
- Waiver forms should be submitted for all eligible employees declining coverage, with their reason for waiving.
- COBRA eligible and active participants must submit an enrollment form to enroll along with all other active employees. Aetna reserves the right to deny coverage due to late submissions.

Dental Benefits Summary

• Required in order to receive credit for major and orthodontic coverage (if elected).

□ Notice of Late Submission Form

• All paperwork should be submitted by the 15th of the month prior to the requested effective date. Any pending item(s) or document(s) submitted after this deadline; late submission form will be required. This form should be signed by both plan sponsor and broker.

Quarterly Wage and Tax Statement (QWTS)

- Most recent filed QWTS must be provided for:
- 1 to 5 enrolled employees
- 6 to 50 enrolled employees with no current group health coverage
- 6 to 50 enrolled employees with prior group health coverage must submit the <u>current prior carrier</u> <u>bill with employee roster</u>.
- Spouse is employee must be on QWTS, payroll or tax records.
- There must be at least one enrolled common law W-2 employee who is not an owner and not the owner's spouse.
- Newly hired, terminated, part time, retirees, seasonal and temporary employees should be noted accordingly on the QWTS/prior carrier bill.
- Reconciled QWTS/prior carrier bill must be signed and dated by the employer. Any hand-written comments added must be signed and dated by the employer.

□ **Schedule K-1 Tax documents** (The most recent IRS tax documents and entity formation documents are required to satisfy the proof of eligibility requirements).

• Required for virgin groups and group size of 1-5 if the owner is not listed on the QWTS.

Signed Final Rates Page

• To confirm the sold rates and plan election, please submit the plan sponsor signature page for each line of coverage (medical, dental, vision) and plans elected should be marked with an X.



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METLIFE PLANS

Must complete:

□ New Group Submission Form

- Application for Group Insurance
- Non-standard Commission Agreement
- MetLife Enrollment Census
- □ Producer Appointment Form (if not yet appointed with MetLife)