

# 2-50 new business enrollment checklist

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**Please submit this form with sold case**

Group name: \_\_\_\_\_

Humana sales representative name: \_\_\_\_\_

**Complete employer group application:**

- |   |  |
|---|--|
| <input type="checkbox"/> Your business profile                  | <input type="checkbox"/> Medical plan selection form |
| <input type="checkbox"/> General eligibility                    | <input type="checkbox"/> Dental plan selection form  |
| <input type="checkbox"/> Employer agreement                     | <input type="checkbox"/> Life plan selection form    |
| <input type="checkbox"/> Agent/producer information sign & date | <input type="checkbox"/> Vision plan selection form  |

**Additional employer requirements:**

- ACH form/binder check for the first month's premium made payable to: **Humana Inc.**  
(administrative fee may apply—ask sales representative)
- Humana quote for the requested effective date with sold plan circled
- Copy of current carrier's most recent billing statement
- Copy of the company's most recent state wage and tax statement. Status of all employees must be written on wage and tax (full time, part time, waiving, terminated and termination date)
- Eligibility Certification Form for all employees **NOT** listed on the wage and tax statement
- Full Time Employment Questionnaire and a copy of 1099 form are needed for contracted/commissioned employees taking coverage

For specialty groups such as non-profit, partnerships, MLAs, newly formed companies without wage and tax, and PEO groups, contact your sales representative for additional requirements.

**Employee enrollment application:**

- All sections completed, signed and dated
- Completed waivers on all eligible employees waiving coverage unless using dental/life/vision list enrollment.
- Application or waiver from all employees currently within COBRA/state continuation period

If applications or waivers are not obtainable, the employer must submit a letter stating they understand final rates may change if COBRA/state continuation eligibles enroll for the plan within their election period.

**Notes:** \_\_\_\_\_

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**Do not cancel current coverage until you receive written notification of coverage with Humana.**

