

Please complete the following required forms and provide the necessary information.

## New Group Paperwork Checklist: Fully Insured

The documents in **Section 1** are required to confirm the sale. These can be provided before the documents in **Section 2**:

### **Section 1:**

SOLD CONFIRMATION PAPERWORK		
<input type="checkbox"/>	Proposal Rate Exhibit	Review and sign, provided by Sales
<input type="checkbox"/>	Benefit Selection Report (BSR)	Review and sign, provided by Sales

The documents in **Section 2** will need to be completed by the group for account setup:

### **Section 2:**

GROUP SETUP INFORMATION		
<input type="checkbox"/>	<a href="#">Group Master Application (GMA)</a>	Complete each page in its entirety. Must be signed by the group and the Producer.
<input type="checkbox"/>	<a href="#">Personal Funding Account Set Up Form (PFA)</a>	Complete if electing personal funding account administration (HSA, HRA and FSA) through ConnectYourCare.
<input type="checkbox"/>	<a href="#">Premera/CYC Contribution ACH Form</a>	Complete noting bank account personal funding account contributions should be pulled from via ACH (if applicable).
<input type="checkbox"/>	<a href="#">Summary Health Information Authorization for Insured Groups</a>	Complete if enrolling 100 or more employees.
<input type="checkbox"/>	<a href="#">Enrollment Census Spreadsheet</a>	Complete with all member enrollment information. Detailed instructions noted on second tab of workbook.

The documents in **Section 3** are used to collect member enrollment information. The employee enrollment forms do not need to be submitted to Premera if the enrollment census spreadsheet above is used, but groups should keep copies of the forms on file.

### **Section 3:**

MEMBER ENROLLMENT INFORMATION		
<input type="checkbox"/>	<a href="#">Member Enrollment and Change Application</a> <a href="#">Member Enrollment and Change Application (Spanish version)</a>	Employee enrollment form for medical and/or dental benefits.
<input type="checkbox"/>	<a href="#">Personal Funding Account Enrollment and Change Application</a>	Employee enrollment form for personal funding account administration through ConnectYourCare (if applicable).
<input type="checkbox"/>	<a href="#">Disabled Dependent Certification</a>	Form to request overage disabled dependent certification review. Submit to Premera.
<input type="checkbox"/>	<a href="#">Other Coverage Questionnaire Enrollment</a> <a href="#">Other Coverage Questionnaire Enrollment (Spanish version)</a>	Form to provide information on other health plan coverage. Submit to Premera.

Employer forms are also located on our website at: <https://www.premera.com/wa/employer/resources/forms/>.