

51-99 new business enrollment checklist

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.**
- Humana quote for the requested effective date with sold plan circled
- Copy of current carrier's most recent billing statement

Employee enrollment application:

- All sections completed, signed and dated
- Completed waivers on all eligible employees waiving coverage
- 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: _____

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