



New Group Checklist Large Groups (51+)

Group Name: _____

Effective Date: _____ Product: _____

Number of eligible employees:

Single #: _____ Employee/Spouse #: _____ Employee/Child #: _____

Employee/Children #: _____ Family #: _____ Annual Premium Quoted: \$ _____

Unity Sales Representative: _____ Unity Account Service Representative: _____

Independent Agent (Name, Email Address and Fax#): _____

Date Received by Sales

Date Info Requested

Date Sent to U/W

- Employer Group Application** – Reviewed for accuracy and completion.
Probationary Period – Maximum allowable under state law is 180 days.
- Employee Enrollment Forms** – Must be completed by every eligible full-time employee listed on the Quarterly Wage and Tax Form (UC-101). The application could be the Unity Employee Application or the group may complete applications through MyUnity.
- Wage and Tax Form (UC-101)** – Include a copy of the group's most recent report, itemizing all employees (full-time, part-time, seasonal, termed, etc). For terminated employees, please provide term date and COBRA election. Add new employees and indicate date of hire. For any other employees (i.e. owners), explain why they are not on the report.
- Social Security Numbers** – The Federal Government has enacted a Mandatory Insurer Reporting requirement as part of the Medicare, Medicaid and SCHIP Extension Act of 2007. This Act requires group health plans to collect social security numbers for all active covered individuals and their spouses.
- Prior Carrier Bill** – Please provide a copy of the group's most recent bill. If there are any employees who were covered under the prior carrier but are waiving Unity coverage, those employees are required to answer the Medical Information portion of the application.
- Benefit Proposal [Quote Sheet(s)]**

<input type="checkbox"/> Check for first month's premium	Check number _____	Amount _____
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Receive electronic bills? **YES** **NO**

NOTES:
