



New Group Checklist Large Groups (51+)

Underwritten by
Unity Health Plans Insurance Corporation

Group Name: _____

Effective Date: _____ Product: _____

Number of eligible employees:

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

Employee / Children #: _____ Family #: _____

Quartz Sales Representative: _____

Quartz Account Manager: _____

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 is 90 days.

Employee Enrollment Forms – Must be completed by every eligible full-time employee listed on the
Quarterly Wage and Tax Form (UC-101).

Social Security Numbers – Per Federal law, health insurance companies are required to collect social
security numbers (SSNs) or taxpayer identification numbers (TINs) for all enrollees.

Benefit Proposal [Quote Sheet(s)]

Receive electronic bills? **YES** **NO**

NOTES:

