NEW GROUP CHECKLIST LARGE GROUPS (51+)

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:

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