



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:
