

New Group Checklist

Account Information			
Group Size <i>(Application must be submitted to local RMHP office by this day prior to requested effective date)</i>			
<input type="checkbox"/> BG-1 (5 th of month)	<input type="checkbox"/> 2-50 (15 th of month)	<input type="checkbox"/> 51+ (15 th of month)	
Group Name			
Producer Name	E-Mail Address	RMHP Account Executive/Manager	
Producer Agency		Producer (Payee) License #/Tax ID	
Prior Carrier	Date Received by Marketing	Requested Effective Date	Check Amount Submitted
Medical Plan 1: Rx Plan: <input type="checkbox"/> Brand <input type="checkbox"/> Generic Only (N/A for HSA) <input type="checkbox"/> Both Rx Plans (employee will select one) Accident Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (HMO Classic Plans)			
Medical Plan 2: Rx Plan: <input type="checkbox"/> Brand <input type="checkbox"/> Generic Only (N/A for HSA) <input type="checkbox"/> Both Rx Plans (employee will select one) Accident Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (HMO Classic Plans)			
Medical Plan 3: Rx Plan: <input type="checkbox"/> Brand <input type="checkbox"/> Generic Only (N/A for HSA) <input type="checkbox"/> Both Rx Plans (employee will select one) Accident Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (HMO Classic Plans)			
Chiropractic Plan		Dental/Vision Plan	
Application Document Checklist			
<i>(All boxes and lines must be completed or indicated not applicable)</i>			
Business Groups of 1		Groups of 2 or More	
<input type="checkbox"/> Uniform Application including completed Health Questionnaire		<input type="checkbox"/> Group Application	
<input type="checkbox"/> 1st Month's Premium		<input type="checkbox"/> 1st Month's Premium	
<input type="checkbox"/> Current Physical Exam Records <i>(within the past 12 months)</i> for applicants 45 years or older ❶ ❺		<input type="checkbox"/> Proof of Creditable Coverage <i>(detailed premium statements listing employee names for up to past 6 consecutive months or Certificates of Creditable Coverage are required)</i> ❶ ❷	
<input type="checkbox"/> Attestation for BG-1		<input type="checkbox"/> Tax & Wage Documentation <i>(see Tax & Wage Requirements)</i> ❷ ❸ ❹	
<input type="checkbox"/> Proof of Creditable Coverage <i>(detailed premium statements listing names for up to past 6 consecutive months or Certificates of Creditable Coverage are required)</i> ❶		Required Enrollment Documents — Indicate # of Forms Attached	
<input type="checkbox"/> Tax & Wage Documentation <i>(see requirements on page 2)</i> ❸		# of Enrollment Forms (51+) or Uniform Applications (2-50)	
		# of Previous Health Insurance Information <i>(should be same as enrollment #)</i>	
<input type="checkbox"/> Waiver Form <i>(for eligible dependent declining coverage)</i>		# of Waivers	
<input type="checkbox"/> Previous Health Insurance Information ❶		# of Dependent Waivers <i>(include spouse waiver if both are employed by same company and enrolling separately)</i>	
		# of Certification of Dependent Status Forms <i>(age 19 and older in 51+ group)</i>	
<input type="checkbox"/> Open Enrollment Certification Form <i>(Basic & Standard Plans)</i>		# of Common Law Spouse Forms	
		# of Disenrollment Forms <i>(for employee cancelling other RMHP Coverage)</i>	
<input type="checkbox"/> Common Law Spouse Form		# of COBRA/Continuation of Coverage Forms <i>(all participants have been notified of the plan change)</i>	
<input type="checkbox"/> Disenrollment Form <i>(for employee cancelling other RMHP coverage)</i>		Good Health National Access <i>(for any employees/dependents residing outside Colorado)</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> List of eligible employees and dependents for groups 2 – 50	

❶ ❷ ❸ ❹ ❺ — See footnotes on page 2

Tax & Wage Document Checklist for 2-50 ② ③

UITR: Groups of 2-50 Eligible Employees

- Most recent Unemployment Insurance Tax Report (UITR) and supporting Quarterly Report of Worker Wages. (If only one individual is enrolling in the plan, the two most recent UITRs must be submitted.) The number of hours worked per week for each employee listed **must be written** on the UITR, regardless of eligibility. If the group is not required to file a UITR, please see ④.

Please note: Each eligible employee enrolling must appear on the UITR and show income sufficient to verify the required hours worked. If any of the employees enrolling or waiving (including owners of the business) **do not appear** on the UITR, the following documents will be required, listed in order of priority:

Owner:

- W2 form** — if not available, RMHP will accept:
- Owner tax schedule that applies** (i.e., C, E, F, or SE) — if not available, RMHP will accept:
- Copy of owner draws** (cancelled checks for previous 3 months)
- If none of the above items are available, RMHP will require a copy of the **Articles of Incorporation** and other documentation to substantiate eligibility for group coverage. Please contact your RMHP Account Executive to determine the specific documentation that should be submitted with your application.

Employees:

- W4 form and current payroll documents**

Additional Basic and Standard Plan Materials Needed

Groups enrolling in the Rocky Mountain HealthCare Options PPO Standard Health Benefit Plan for Colorado and choosing supplemental coverage for Alcoholism Rehabilitation at an additional charge of 1.8%.

- Signed Acceptance of Supplemental Alcoholism Rehabilitation Form. (This form only required when accepting coverage.)

Groups enrolling in Rocky Mountain HMO HMO Basic Limited Mandate Health Benefit Plan for Colorado and Rocky Mountain HealthCare Options PPO Basic Limited Mandate Health Benefit Plan for Colorado and choosing supplemental coverage for some of the benefits outlined in the Basic Plan exclusion list at an additional charge.

- Signed Acceptance of Supplemental Coverage Form for RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado at additional cost of 0.4%. (This form only required when accepting coverage.)
- Signed Acceptance of Supplemental Coverage Form for RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado at additional cost of 0.5%. (This form only required when accepting coverage.)

Tax & Wage Document Checklist for BG-1 ⑤ All tax documents that apply are required.

<input type="checkbox"/> If C Corp	<input type="checkbox"/> Company Form 1120 <input type="checkbox"/> Owner Form 1040, pages 1&2 <input type="checkbox"/> Owner Schedule E	<input type="checkbox"/> If Sole Proprietorship	<input type="checkbox"/> Owner Form 1040, pages 1&2 <input type="checkbox"/> Owner Schedule C <input type="checkbox"/> Schedule SE
<input type="checkbox"/> If S Corp	<input type="checkbox"/> Company Form 1120S <input type="checkbox"/> Company Schedule K1 <input type="checkbox"/> Owner Form 1040, pages 1&2 <input type="checkbox"/> Owner Schedule E	<input type="checkbox"/> If Nonprofit	<input type="checkbox"/> Organization Articles of Incorporation <input type="checkbox"/> Organization Form 990 <input type="checkbox"/> W2s or paystub with deductions for each employee (most current three months)
<input type="checkbox"/> If Partnership or LLC	<input type="checkbox"/> Company Form 1065 <input type="checkbox"/> Company Schedule K1 <input type="checkbox"/> Owner Form 1040, pages 1&2 <input type="checkbox"/> Owner Schedule E <input type="checkbox"/> Owner Schedule SE	<input type="checkbox"/> If Farm	<input type="checkbox"/> Company Form 943 <input type="checkbox"/> Owner Form 1040, pages 1&2 <input type="checkbox"/> Owner Schedule F <input type="checkbox"/> W2s or paystub with deductions for each employee (most current three months)

- ① Does not apply to *Rocky Mountain HMO* HMO Standard Health Benefit Plan for Colorado and *Rocky Mountain HMO* HMO Basic Limited Mandate Health Benefit Plan for Colorado
- ② Does not initially apply to groups with 51+ employees
- ③ RMHP reserves the right to require additional documentation for any group size to substantiate eligibility
- ④ If company is not required to file a UITR, it must submit a completed employee census and most recent 3 months of payroll documents
- ⑤ Does not apply to *Rocky Mountain HCO* PPO Standard Health Benefit Plan for Colorado and *Rocky Mountain HCO* PPO Basic Limited Mandate Health Benefit Plan for Colorado

RMHP Marketing Use Only

Group Name	Requested Effective Date								
<input type="checkbox"/> Rate Sheet (Groups of 10+ rerun composite rates) <input type="checkbox"/> 1st Month's Premium for COBRA/CCOC apps is included <input type="checkbox"/> Contact Sheet Attached <input type="checkbox"/> Termed Group Database Checked	<table style="width: 100%;"> <tr> <td style="text-align: center;">Enrollment</td> <td style="text-align: center;">Commission</td> </tr> <tr> <td style="text-align: center;">_____ # Subscribers/Brand</td> <td></td> </tr> <tr> <td style="text-align: center;">_____ # Subscribers/Generic</td> <td></td> </tr> <tr> <td style="text-align: center;">_____ # Members</td> <td> <input type="checkbox"/> 1 to 50 <input type="checkbox"/> 50+ </td> </tr> </table>	Enrollment	Commission	_____ # Subscribers/Brand		_____ # Subscribers/Generic		_____ # Members	<input type="checkbox"/> 1 to 50 <input type="checkbox"/> 50+
Enrollment	Commission								
_____ # Subscribers/Brand									
_____ # Subscribers/Generic									
_____ # Members	<input type="checkbox"/> 1 to 50 <input type="checkbox"/> 50+								

Date:	Comments	Initial:
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Notes: