



2017-2018 Off-Exchange Small Group New Business Checklist

This form must be completed and sent with your new group submission

Group Name: _____

Requested Effective Date: _____ Medical Mutual Proposal ID: _____

Broker Name: _____ Agency Name: _____

Broker Email: _____

Employer Completes or Provides (see attachments for required form IDs):

- Employer Group Enrollment Application Form
- Tax & Wage Information
 - Employers Report of Wages Form: Filed quarterly with the Ohio Department of Job and Family Services (ODJFS). Information to include indicators for part-time, terminated and employees waiving coverage
 - If Tax and Wage Form is not required for the employer, see attached list for other acceptable forms of documentation
- Prior Carrier Invoice
- Signed Group Contracts (see next page for required documents)
- Copy of Medical Mutual Proposal

Medical Mutual Health Savings Account Setup (If electing an HSA option and the Medical Mutual banking)

- Ancillary Administrative Services Contract
- Medical Mutual Health Savings Account Authorization for EFT Form
- CDHP Setup Form

Employee Completes or Provides (see attachments for required form IDs):

- Employee Application/Change Form for each employee applying for insurance coverage(s)
- Waiver of Coverage: complete page 1 of the application
- Pediatric Dental Waiver: complete page 1 of the application and include proof of other pediatric dental coverage. *Example:* Member ID card or copy of other carrier bill that clearly lists employee(s) name(s)
- Deductible Credit Information (collect and submit to CreditsGrpSize2-50@medmutual.com)

Broker to Review:

- All required documents are complete and attached to this submission
- Group meets or exceeds all participation, residency and contribution requirements
- Copy of Medical Mutual Proposal
- Explain EmployerLink, MyHealthPlan, and MedMutual Mobile App (see page 3 of this document)
- Submit complete new group case (no longer requiring/accepting binder checks):

By Email: jlewis@mayinsurance.com	By Mail: May Insurance Services Attn: Jodi Lewis 110 Northwoods Blvd Ste. C Columbus, OH 43235
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Note: Effective date of group will be determined based on the date all required materials are received by Medical Mutual. No retro effective dates will be assigned.