

# Group Medicare Checklist

## Request for Quote (RFQ)

Please note: Send quotes to [Quotes@HealthAlliance.org](mailto:Quotes@HealthAlliance.org).  
Send questions to [SmallGroup@HealthAlliance.org](mailto:SmallGroup@HealthAlliance.org).

### ✓ **Preliminary Quotes – Estimated turnaround: 3 – 5 business days**

1. Name and address of business, including ZIP code.
2. Requested effective date.
3. Census listing all employees:
  - a. Date of birth for every intended member.\*
  - b. A ZIP code is needed for every employee.
  - c. Type of coverage:
    - i. Employee only.
    - ii. Employee and spouse.
    - iii. Employee and child(ren).
    - iv. Family.
    - v. Waiver with reason.\*\*
4. Agency name and name of the specific agent (include general agency, if applicable).
  - a. If agent is listed with a different agency than the one sending the quote request to us, we need clarification.
5. Please indicate if group is requesting deductible credit:  Yes  No

### ✓ **Final Rates – Estimated turnaround: 3 – 5 business days**

1. Most recent State Wage and Tax document.
  - a. Indicate if owner is also an employee.
  - b. In lieu of a Tax and Wage:
    - i. Business must be in operation for at least three months.
    - ii. Submit a signed letter on letterhead with the Tax ID# and eligible employees with their status.
    - iii. Submit one item from column A and one item from column B.
  - c. Indicate employee status (full-time, part-time, seasonal or temporary).
2. Completed Health Alliance™ Small Group Illinois or Iowa Employee Application forms.
  - a. Includes section for waiver of group coverage.
  - b. This form must be signed by the employee and dated within 60 days of the effective date.
3. Completed applicable Employer Application and Eligibility and Enrollment Form (Exhibit B).
  - a. Signed and dated within 90 days of requested effective date.
4. Supplemental networks for out-of-area employees.
  - a. Note: The group cannot have more than 40% of eligible employees outside the Health Alliance service area on a supplemental network.
  - b. Out-of-area coverage is available on all plans through PHCS.
  - c. Extended Network Program is available for students.

A	B
<b>IRS 1040</b> - Schedule C or F - Schedule of Sole Proprietor or Farming Income	Articles of incorporation
	Partnership agreement
<b>IRS 1065</b> - U.S. Return of Partnership Income	Current business, state or occupation license
<b>IRS 1120</b> - U.S. Corporation Income Tax Return	Affidavits from customers or suppliers
<b>IRS 941</b> - Employer's Quarterly Federal Tax Return	Records of receipts, expenditures, invoices suitable for audit
<b>IRS 990</b> - Not-for-Profit Annual Information Return	Leases and other contracts

**✔ Sold Commercial Group**

1. Signed acceptance letter along with first month's premium check.

**✔ Enrollment**

1. A post-implementation email is sent to the employer group once the group is in our system. The email includes the welcome letter, employer web portal information, Group Enrollment Agreement (GEA), Exhibit C and sold benefit worksheets. Please review and share all items with the client. The GEA and Exhibit C should be reviewed, signed and returned to ClientSupport@HealthAlliance.org within seven days of receipt.
2. ID cards and member materials are mailed to the member's residence.

\*Names are not mandatory, but appreciated.

\*\*50% of eligible employees (minus valid waivers) must be enrolled.