

Small Group Checklist

Request for Quote (RFQ)

Please note: Rate requests should be sent to Quotes@HealthAlliance.org.
Quotes are available 90 days ahead of effective date.

✓ **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
6. Are retirees covered under the current group plan?
 - a. Are the retirees identified on the census?

✓ **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 First Health®.
 - c. Extended Network Program is available for students.

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

✔ **Sold Commercial Group**

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

✔ **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.