

Small Group Checklist

Request for Quote (RFQ)

Please note: Send quotes to Quotes@HealthAlliance.org. Send questions to SmallGroup@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.
2. Requested effective date.
3. Census listing all employees.
 - a. Date of birth for every intended member.*
 - b. City, state, ZIP of group requesting quote (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.
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 Northwest™ Small Group 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.

A	B
IRS 1040 – Schedule C (profit or loss from business) or Schedule F (profit or loss from farming)	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.
2. COBRA administration paperwork (if applicable).

✓ 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, 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.