



Small Group Checklist



Request for Quote (RFQ)

Please note: Both initial and final rates should be sent to Quotes@HealthAlliance.org.

Quotes are available 90 days ahead of effective date.



Preliminary Quotes: 3 – 5 business days

- (1) Name and address of business.
- (2) 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.
- (3) 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.
- (4) 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 document:
 - 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 Simplete® 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 Employer Application, and Eligibility and Enrollment Form (Exhibit B):
 - a. Signed and dated within 90 days of application.
- (4) Supplemental networks for out-of-area employees:
 - a. Note: The group can't have more than 40% of eligible employees outside the Simplete service area on a supplemental network.
 - b. Out-of-area coverage is only available on PPO plans through PHCS.
 - c. Extended Network Program is available for college and other qualifying students.

A	B
IRS 1040 – Schedule C or F – Schedule of Sole Proprietor of 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.



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.