



# SMALL GROUP CHECKLIST

## Request for Quote (RFQ)

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

### Preliminary Quotes—2–5 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: 5–7 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 percent 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. College Extended Network Program is available for college 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> – US Return of Partnership Income	Current business, state or occupation license
<b>IRS 1120</b> – US 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](mailto:ClientSupport@HealthAlliance.org) within 7 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.