



SOLD CASE SUBMISSION CHECKLIST

Group Name: _____
 Effective Date: _____ MGU: _____
 Network: _____ Ancillary Products: _____

Received (Date & Initial)	Missing Info	Complete (Date & Initial)	Requirement										
			Plan Service Agreement	PRE-ENROLLMENT									
			CIGNA Network Services Agreement										
			CIGNA Network Lifesource Document										
			CIGNA Network Pharmacy Benefit Management Agreement										
			NY Surcharge – <i>Employer Statement & Application</i> OR <i>TPA Change form (if previously self funded)</i>										
			Prior Carrier Bill										
			Employer - Amendment of Domestic Partnership - Optional										
			Employee - Affidavit of Domestic Partnership - Optional										
			Personal Health Questionnaires: signed AND dated by the employee within 60 days prior to the effective date.	ENROLLMENT									
			Waivers – must be signed AND dated by the employee within 60 days prior to the effective date.										
			Employee / Dependent Census (in Excel format):										
			<table border="0"> <tr> <td>Name</td> <td>Date of Hire</td> <td>Plan Selection</td> </tr> <tr> <td>Gender</td> <td>Date of Birth</td> <td>Enrollment Status (E, ES, EC, F)</td> </tr> <tr> <td>Social Security Number</td> <td>Home Address</td> <td>Division (if applicable)</td> </tr> </table>	Name	Date of Hire	Plan Selection	Gender	Date of Birth	Enrollment Status (E, ES, EC, F)	Social Security Number	Home Address	Division (if applicable)	
Name	Date of Hire	Plan Selection											
Gender	Date of Birth	Enrollment Status (E, ES, EC, F)											
Social Security Number	Home Address	Division (if applicable)											
			Quarterly Wage and Tax Statement / Tax Documentation* (State Unemployment filing) All employees that have applied for coverage must be accounted for. *Mark each employee status (E=Enrolling, T=Termed, NE=Not Eligible, W=Waive, PT=Part Time) *W-4 forms are required for all new hires electing coverage not showing on the wage and tax statement. *Articles of Incorporation are required for all new companies who have yet to file a quarterly wage and tax statement and for owners not appearing on the wage & tax report.										
			Signed Notice of Acceptance OR Signed Rate Sheet	POST-ENROLLMENT									
			Assumptions Page - signed and dated										
			Deposit Check - for the estimated first month plan premium equivalent - payable to Group Benefit Services, Inc. (<i>Adjustments will be made with the first monthly bill as required.</i>)										
			Employer Stop Loss Application (Provided by SL carrier upon receipt of all other submission requirements)										
			Contingencies Page - signed and dated (Beacon only)										
			HB 2015 Report if group located in TX (Beacon only)										
			Disclosure Statement completed and signed by administrative contact (Beacon only)										
			Late Submission Notice - REQUIRED for groups that are submitted <u>after the 12th of month</u> prior to the effective date and must be signed by the employer AND producer.										
Case Submission for Processing (GBS Use Only)													
			Complete Case submitted to Account Manager for Processing										
			Case Submission uploaded onto Sharefile (USMGU)										