

INFO SHEET

**EMPLOYER ENROLLMENT CHECKLIST**

Once a policy is in force, plan changes are not permitted for the duration of the contract period. Changes can be made at the renewal for the next contract period.

**Employer Notice of Election**

- Effective Date
- Pharmacy Option
- General Agent ID # (if applicable)
- Waiting Period
- Payment Method
- Complete Company Address
- Federal Tax ID #
- Employer Contribution Level
- Applicable Agent Codes
- Definition of Full-time Employee

**Employer's Quarterly Wage & Tax Statement(s)**

- OR: Other Applicable Tax Documentation (attach)
- AND: Verification Form for Partners, Officers and Owners (if applicable)

**Check For First Month's Coverage**

Must be a company check payable to HealthPass. Groups enrolling on the 15th of the month must include payment for 1-1/2 months of coverage.

**Employee Enrollment/Waiver Forms**

Each eligible employee must fill out this form to enroll in, or waive out of, coverage. Dependents not listed will not be covered.

- Dates of Hire
- Employee's Signature
- All Dependent Information
- Employer's Name
- Social Security Number (s)
- All Listed Data Fields
- Signature of Authorized Company Representative

Note: If you are submitting a new HealthPass case that had previous employer-sponsored coverage through GHI, HIP, Health Net, or Horizon you must enclose a copy of the termination request with the application, in addition to sending that information to the carrier directly.