

## New Group Submission Checklist

Group Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

<p>Thank you for selecting The Secure Plans. Please email as attachments the following forms to <a href="mailto:Sales@InsurgencyBenefits.com">Sales@InsurgencyBenefits.com</a>. Forms may be found on the <a href="#">Secure Plans web site</a>.</p> <p><b>Please Note:</b> Self-funded plans require more paperwork than fully insured programs. They are regulated by more agencies, for example. In addition, the administrator will often generate personalized documents for the group once they receive the forms identified below. On the other hand, self-funded plans offer the potential for claim fund refunds at the end of the group’s contract period.</p>	
<b>For Employers and Employees</b>	
<input type="checkbox"/>	<p><b>Employer Application</b> Please be thorough and do not leave questions blank or unanswered. If a question doesn’t apply enter “N/A.”</p>
<input type="checkbox"/>	<p><b>Rate Sheet(s)</b> Please sign and date rate sheets from your quote for the plans sold. Please do not send all proposed plans.</p>
<input type="checkbox"/>	<p><b>Current Carrier Billing</b> Please include the latest invoice available</p>
<input type="checkbox"/>	<p><b>Employee Enrollment Forms</b> Please verify thorough completion of all forms and that your desired effective date is indicated.</p>
<input type="checkbox"/>	<p><b>Secure Plans Employer Acknowledgements of Disclosures</b> Please sign and date this document certifying the employer (Plan Sponsor) has reviewed the implications of self-funding.</p>
<input type="checkbox"/>	<p><b>Wage and Tax Report</b> Most recent filing. Please reconcile this report by indicating which employees are enrolling, ineligible or declining.</p>
<input type="checkbox"/>	<p><b>COBRA</b> <b>For Current Participants please provide:</b> Member demographics, copy of COBRA Election Form, Qualifying Event Date, Qualifying Event Reason, Coverage being selected, Premiums paid through date</p> <p><b>Will group have any stand-alone COBRA administration.</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If “yes”, indicate coverages (dental, vision) and the stand-alone COBRA rates to be used for the new effective date.</p>

**IMPORTANT NOTE:**

**DO NOT CANCEL CURRENT COVERAGE UNTIL WRITTEN CONFIRMATION OF APPROVAL IS RECEIVED FROM THE SECURE PLANS UNDERWRITERS.**

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<input type="checkbox"/>	<p><b>Claims History:</b> If not provided previously.</p> <p>Please submit, for the past two years if available, medical and pharmacy claims experience and information concerning all claims over \$25,000. For groups providing two years of claims experience only, employees may skip medical questions (Section 7 of the Secure Plans Employee Application)</p>
<input type="checkbox"/>	<p><b>IRS W-9 Form</b></p>
<input type="checkbox"/>	<p><b>Additional Information</b></p> <p>As requested by the program underwriters, if any.</p>
<input type="checkbox"/>	<p><b>Mail Check for First Month Fees (Payable to Group Resources) to:</b>  <b>Group Resources, Attention Billing, PO Box 3970, Duluth, GA 30096-3970</b></p> <p><b>Attach Copy of this Check to Employer Application</b></p> <p><i>Note: Client should <b>not</b> include payments for current COBRA participants. These should be submitted to your COBRA Administrator.</i></p> <p><i>Important Notice: Current coverage should not be cancelled until written approval is received from the program underwriters.</i></p>

For Brokers	
	<i>When submitting your first Secure Plan case or your first case with this Stop-Loss Carrier, please submit the following:</i>
<input type="checkbox"/>	<b>W-9 Form</b>
<input type="checkbox"/>	<p><b>Insurgency Benefits Producer Agreement and Exhibits</b></p> <p>Available from your general agent or through <a href="mailto:Sales@ProtectPlan.Info">Sales@ProtectPlan.Info</a></p>
<input type="checkbox"/>	<b>Copy of Current E&amp;O Policy</b>
<input type="checkbox"/>	<p><b>Stop-Loss Carrier Forms</b></p> <p>If this is your first case with this stop-loss carrier. Forms are on the web site.</p>

### Next Steps:

Please submit your client's application and other material to [Sales@InsurgencyBenefits.com](mailto:Sales@InsurgencyBenefits.com). Insurgency Benefits, the program underwriter, or the program administrator may contact you for additional information and to obtain signatures on additional forms. If approved for coverage, the administrator will provide your group with ID Cards and Plan Documents.

### IMPORTANT NOTE:

**DO NOT CANCEL CURRENT COVERAGE UNTIL WRITTEN CONFIRMATION OF APPROVAL IS RECEIVED FROM THE SECURE PLANS UNDERWRITERS.**