

# 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 – Estimated turnaround: 3 – 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 an agency different from the one sending the quote request to us, we need clarification.
5. Please indicate if group is requesting deductible and out of pocket credit: ☐ Yes ☐ No
6. 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. Note: For the below, we also accept a census enrollment in place of Application forms. The census enrollment template is provided to the broker at the time of enrollment.
2. The employer must submit one of the following three items:
  - a. FTE Form.
  - b. QWTS (Quarterly Wage & Tax Statement).
  - c. If the FTE Form and QWTS aren't available, the employer must submit a signed letter on letterhead with the Tax ID number. They must list eligible employees with their status and one item each from Columns A and B.
3. 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.
4. Completed applicable Employer Application, and Eligibility and Enrollment Form (Exhibit B).
  - a. Signed and dated within 90 days of requested effective date.
5. Supplemental networks for out-of-area employees.
  - a. Note: The group cannot have more than 40% of eligible employees outside the Health Alliance service area on a supplemental network.
  - b. Out-of-area coverage is available on all plans through First Health®.
  - c. Extended Network Program is available for students.

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

### ✓ **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 within seven 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.