

# GUNDERSEN HEALTH PLAN

## 2013 WISCONSIN BROKER CHECKLIST (POS Products)

ALL OF THE FOLLOWING FORMS AND INFORMATION ARE REQUIRED BY THE GUNDERSEN HEALTH PLAN TO COMPLETE THE UNDERWRITING PROCESS

### NECESSARY FORMS/DOCUMENTS NEEDED TO UNDERWRITE THE GROUP:

- \_\_\_\_\_ **Employer Group Application [EGA-HMO/POS/HSA 2013]**  
Please include: *Wisconsin Small Employer Group Notice (Group keeps this notification.)*
  
- \_\_\_\_\_ **Disclosure Statement [Form 51605]** Groups with 2-50 total full time and part time employees.
  
- \_\_\_\_\_ **Applications for Enrollment**
  - Small Employer Uniform Employee Application - 2-50 total full time and part time employees
  - Large Group Employee Application (2012 AFE WI)  
Groups 51+ full and part time employees in Size with at least 26 enrollingPlease include: *Wisconsin's Managed Care Notice Requirements for Potential POS Enrollees with each application. (Applicant keeps this notification.)*
  
- \_\_\_\_\_ **Wage and Tax Report (From Last Quarter's Filing)**  
Used to determine group size and account for all employees
  
- \_\_\_\_\_ **Wisconsin Group Size Verification Form**  
The purpose of this census information is to assist us in accurately applying state and federal regulations (Mental Health, COBRA, and CMS/Medicare) as they relate to your employer group
  
- \_\_\_\_\_ **Group Master Policy Agreement & General Provisions [2011.WI.GMP]**
  
- \_\_\_\_\_ **Prior Carrier's Current Billing Statement**

### ADDITIONAL NECESSARY INFORMATION NEEDED TO CLOSE THE GROUP:

- \_\_\_\_\_ First Months Premium
  
- \_\_\_\_\_ Written Acceptance - *Indicating Effective Date, Plan Number and Rx Option Chosen by Group*

### COMMENTS:

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## **UNDERWRITING TIPS:**

1. **ALL FORMS MUST BE SIGNED AND DATED.** THE AGENT SIGNATURE/DATE SHOULD BE THE SAME DAY OR AFTER THE GROUP REPRESENTATIVE SIGNATURE AND DATE.
2. CAN NOT START TO UNDERWRITE WITHOUT THE EMPLOYER GROUP APPLICATION AND DISCLOSURE STATEMENTS.
3. A **WAGE AND TAX FORM IS REQUIRED** FOR UNDERWRITING TO BE ABLE TO ACCURATELY ACCOUNT FOR ALL EMPLOYEES! THIS IS IMPORTANT TO DETERMINE GROUP SIZE FOR RATING PURPOSES.
  - a. RATING TIERS
    - i. SMALL SIZE RATING TIER ( 2-25 )
    - ii. MEDIUM SIZE RATING TIER ( 26-50 )
    - iii. LARGE SIZE RATING TIER ( 51+ )
4. REVIEW **ALL** EMPLOYEE ENROLLMENT FORMS PRIOR TO SUBMISSION TO MAKE SURE THEY ARE COMPLETE AND HAVE **ALL** REQUIRED SIGNATURES FROM **ALL** OF THOSE ENROLLING THAT ARE 18 YEARS OF AGE OR OLDER.
5. MAKE SURE THAT THE RELEASE NEAR THE TOP OF THE UNIVERSAL APPLICATION IS COMPLETED, DESIGNATING GUNDERSEN HEALTH PLAN (GHP) AS AN INSURER THAT IS AUTHORIZED TO RECEIVE THE INFORMATION CONTAINED IN THE APPLICATION.

## **IMPORTANT INFORMATION TO DISCUSS WITH THE GROUP:**

1. **DEDUCTIBLE CREDITS** INCURRED AFTER JANUARY 1<sup>ST</sup> OF EACH YEAR MAY BE APPLIED TO THE CURRENT PLAN ELECTED, UPON RECEIPT OF DOCUMENTATION FROM PRIOR CARRIER REFLECTING THE DEDUCTIBLE AMOUNT(S) SATISFIED WITHIN THAT CURRENT CALENDAR YEAR. (Deductible Report from prior Carrier or EOB's from members)
2. **ID CARDS** WILL BE MAILED DIRECTLY TO THE EMPLOYEE APPROXIMATELY 10 DAYS AFTER THE COMPLETION OF THE UNDERWRITING PROCESS.