

# Small Group Case Submissions:



9400 South Dadeland Blvd.  
Miami, FL 33156  
800-432-6676

## 2-50 EMPLOYEES CHECKLIST AND DEADLINES

### Final Rates

Required      If Applicable

- Small Group Master Application
- Verification of Group Eligibility
  - For groups with less than 20 enrolled employees:** Most recent UCT-6 (Unemployment Compensation Tax form)
  - For groups with more than 20 enrolled employees:** Most recent UCT-6 (Unemployment Compensation Tax form) or most recent payroll report, to include hours worked, from an external payroll service.
  - For groups with leased employees:** Most recent payroll report, to include hours worked, and a PEO/Employer Questionnaire. Groups with fewer than 20 enrolled must also provide a copy of the company's business, State or occupational license.
- \*Both the UCT-6 and the payroll register should be complete (to include cover and summary page(s), if applicable), and indicate the current eligibility/enrollment status for each employee listed: E=Enrolling; W=Waiving with Coverage; D=Declining Coverage; P=Part-time; WP=Waiting Period; C=COBRA; T=Terminated.
- Proof of Workers' Compensation for groups to avoid the rating surcharge
- Affidavit of Common Ownership for multiple groups that are to be combined under a single policy
- Employer Form 1096 for groups that desire to provide coverage to their independent contractors (the Form 1099 should indicate the current eligibility/enrollment status for each person listed).
- Creditable Coverage Information for groups that desire to reduce or possibly eliminate their employees' and their dependents' pre-existing condition limitation
  - For groups of 2 - 4 employees:** Groups should submit the previous carrier's invoice that shows the names of all currently enrolled employees and effective date. If the invoice does not show the effective date the employer must provide the first (12 months prior) and last month's invoice of the prior carrier's invoice. Those employees who do not appear on the bill will be flagged for pre-x until they provide a HIPAA certificate.
  - For groups of 5 - 50 employees:** Groups should submit the previous carrier's invoice that shows the names of all currently enrolled employees. Any employee whose name does not appear on the invoice must provide a prior carrier ID card with his or her name on it and the Creditable Coverage Affidavit. Those employees who complete the employee application and whose names appear on the invoice or provided a previous carrier's ID card, plus complete the Creditable Coverage Affidavit will not be flagged for pre-x. All other employees will be flagged for pre-x until they provide a HIPAA certificate.
- Check in the amount of the first month's premium
- Employee Eligibility
  - For employees that do not appear on the most recent UCT-6 and/or for owners that do not appear to be working FT based on an evaluation of their pay relative to the minimum wage

Continued on reverse

## Final Rates

Required      If Applicable

requirements in effect for that time period, the following documents may be provided as verification of eligibility:

|                  |   |
|------------------|---|
| New Hires        | W-4   |
| Sole Proprietors | 1040 Schedule C   |
| Partners         | 1065 w/Schedule K-1   |
| LLCs             | 1040 Schedule C; 1120; 1120S w/Schedule K-1; or 1065 w/Schedule K-1 |
| Corporations     | 1120  |
| S Corporations   | 1120S w/Schedule K-1  |

For those companies that are not required by the State to file a UCT-6 (e.g. churches), the IRS Form 941 and most recent payroll register are required.

- Individual Medical/Group Risk Questionnaire(s)**  
Groups with fewer than 10 enrolled subscribers (i.e. contract holders) **must** submit individual medical questionnaires. Groups with 10 or more enrolled **may** submit a group risk questionnaire in lieu of individual medical questionnaires. The maximum allowable credit (or rating discount) will be 5% for groups that submit group risk questionnaires, as compared to the 15% available to groups that submit individual medical questionnaires.
  
- Group Enrollment Form(s)** (ALL enrolling employees, including those enrolling on Choice and POS, must meet AvMed Health Plan's "live or work" requirement)
  - Cobra Enrollment Form(s)**
  - 1099 Affidavit(s)** for contracted employees (may not exceed 25% of the total eligible population (i.e. W-2 and 1099 combined))
  - Waiver of Coverage** for each waiving employee
  - Agent Paperwork**  
For new agents: Application for Agent Appointment; copy of Health Insurance License and E&O certificate, and W-9 for payee (normally for Agency, unless agent is the sole proprietor), Commercial Group Agent Agreement and Direct Deposit form

Final rates will be based upon actual enrollment. Additional documentation may be required.

### Cut-off dates:

Groups with less than 4 enrolled subscribers: No later than the first of the month prior to the requested effective date of coverage.

Groups with 4 or more enrolled subscribers: No later than the 23rd of each month, with the exception of groups requesting January, March or December effective dates. These groups must submit their completed paperwork no later than the 20th of the preceding month.

**Please refer to the Submission Deadline Calendars at**

<http://www.avmed.org/forms.aspx>

If any of these dates occur on either a Saturday or Sunday, the cut-off date will be close of business on the Friday prior.

Reviewed for completeness by Sales Representative:

\_\_\_\_\_ Date: \_\_\_\_\_

Reviewed for completeness by Sales Coordinator:

\_\_\_\_\_ Date: \_\_\_\_\_