

Large Group Submissions Checklist



- Proposed effective date of coverage
- Census (including COBRA-Eligible Employees¹ & Retirees, if applicable):
 - Eligibility Status (e.g. Full-Time, Part-Time, Waiting Period, Waive w/ Other Coverage, Waive w/o Other Coverage, COBRA, Retiree, etc.)
 - Age/Date of Birth
 - Date of Hire
 - Gender
 - Dependent Status (ex: Employee, Employee + Spouse, Employee + Ch(n), Family, etc.)
 - Home Zip Code
- Current rates and benefits (Renewal rates and benefits, if available)
- Completed Employer Risk Questionnaire signed and dated by an authorized company representative
- Claims experience including shock claims information, if available (mandatory for groups of 400 or more employees).
- 5-year carrier history (name of carrier and length of time with each carrier)
- Employer contribution methodology

¹For COBRA-Qualified Beneficiaries, provide the reason for COBRA election (i.e. voluntary or involuntary loss of employment, reduction of work hours, divorce, loss of dependent or student status, or the employee's death or entitlement to Medicare) and anticipated date of COBRA termination. In addition, provide diagnosis, date of onset, dollar amount of claims (if known), and prognosis of those Qualified Beneficiaries currently receiving medical treatment, if not already included as part of the group's claims experience submission. (In accordance with federal regulations, the experience of the COBRA coverage is included with the active employees' experience.)

Mail submissions to your AvMed sales representative or the regional sales office nearest you.