

New Group enrollment Checklist

- Completed EGA (master application)
- Completed List Enrollment Form -OR- Completed Employee Applications
- Copy of sold quote (with sold rates)
- Copy of most recent Prior Carrier bill (for cases in the 2-9 only)
- Multi-Location Form (if the group is over 50 eligible and organized into multiple working locations)

Common things that hold up a case:

- Please be sure to include the group application, census enrollment or paper applications and sold quote – these are the items needed in order for our team to begin processing a case.
- Please be sure the agent and agency (if applicable) are licensed with Humana
- Make sure all signatures are dated before the desired effective date
- If the group is receiving employer sponsored rates, the eligible count must be the same as the number of enrolled and valid waivers on the list enrollment or paper employee application.
- If the employer is contributing 100% to a plan, all eligible employees must enroll.
- **Cases must be submitted by the 10th of the month following the desired effective date.**
- Missing the following information on EE applications – date of hire, hours worked, not selecting a plan when offering a dual choice dental, not electing or waiving coverage on the form and dependent tier selected but no dependents listed on the form.

Changes in the final enrollment can have an effect on final rates and riders available to the group. If you have any question please consult sales.



1. All Cases (Employer Sponsored and Voluntary)

1. Completed EGA (master application) - make sure EGA is signed and dated before the effective date, also make sure the agency and writing agent portions are completed – completely fill out the plan selection pages.
2. Completed List Enrollment Form (PREFERRED METHOD – This is the best way to avoid errors and speed up group issue time!) OR- Completed Employee Applications
3. Copy of sold quote
4. Copy of most recent Prior Carrier bill – this is only needed for cases in the 2-9 space or if we are grandfathering in current voluntary or ER sponsored life.
5. Multi-Location Form (if the group is over 50 eligible and organized into multiple working locations)
6. For LTD submissions – please include a copy of the group’s in force LTD contract if the group has current coverage.

2. Cases that receive Employer Sponsored dental, vision and life rates:

- Waiver information – We need a form or the information included on the census even if they are not enrolling in coverage – if the member is waiving please provide the waiver reason (spousal coverage, individual coverage or waiver-other). Spousal and individual waivers are considered valid waivers whereas waiver-other would be used for members who do not want the coverage.
- Binder check or ACH form is no longer required at new case submission time. If you receive a live binder check it can be mailed to:

Humana #533
c/o Citibank Lockbox Operations
8430 W Bryn Mawr Ave
3rd Floor
Chicago, IL 60631

- A case is not considered complete until all of these items are signed and dated (***before the effective date***). Please only send your materials when they are all completed.

Please let me know if you have any questions or if there’s anything else I can do for you. Have a great day and thank you for your business!