

# 2-100 New business sold case requirements

## Medical, Dental, Vision, Life, Workplace Voluntary Benefits (WVB), and Disability

### How to use this form:

**Please submit this checklist along with the listed required forms with each sold case**

- Using the form links below, please ensure all forms are completed, signed, and dated prior to submission
- Submit this checklist and all required forms to [sbsales@humana.com](mailto:sbsales@humana.com)
- Allow approximately 2 to 3 weeks for processing (call 1-800-327-9728 to check submission status)
- Refer to the [Agent Sales Guide](#) for commonly asked questions, such as participation, case installation guidelines, and enrollment

### Case information:

Group name:	Agency / agent name:
Sold case contact:	Humana sales exec:
E-mail address:	
Phone number:	Quote number:

### Required forms:

<a href="#">Employer group application</a>	Completed by the broker to indicate general group information and which plan(s) the group is electing	All cases
<a href="#">List Enrollment</a>	<ul style="list-style-type: none"> <li>• Please read the <a href="#">user guide</a> for details on how to use the form</li> <li>• Preferred method of enrollment for medical groups with less than 51 on payroll. Underwriting approval is required if the medical group has 51 or more on payroll.</li> <li>• List Enrollment is also available for any size case <a href="#">Ancillary enrollment</a></li> <li>• Not available in CO, IL, and UT</li> </ul>	See details for payroll
<b>OR</b>		
<a href="#">Paper employee applications</a>	To be completed by all eligible employees, including those who are waiving or in their COBRA/State Continuation election period (please ensure the plan each employee is electing is selected)	All cases
Quarterly Wage & Tax Statement	To be obtained from the employer for groups enrolling with 1-50 eligible employees regardless of payroll. Please include the status of all employees that are on the wage and tax statement. Status examples: full-time, part-time, waiving, reason for waiving, terminated, and termination date.	See details for payroll
Copy of sold quote(s)	Copy of the quote(s) sold for all product lines. If there is a “*A” at the end of the group name, contact EasyRate or your Humana sales executive to clear any assumptions. Please make sure the quote has the correct census, effective date, and SIC code.	All cases
Attestation form	To be completed if you are submitting the case less than seven business days prior to the effective date.	All cases
<a href="#">Eligibility Form</a>	Used for employees who are not listed on the most recent unemployment Quarterly Wage and Tax Form. Examples: owners who take a draw or new hires.	All cases
Prior carrier bill	Copy of the most current month with the employee detail page. This is mandatory for groups with 51 or more on payroll, as well as all short-term (STD) and long-term disability (LTD) groups.	51+ payroll and STD / LTD
<a href="#">Multi-location form</a>	Only needed for groups with 51 or more on payroll. Please identify each location of the company and which employees fall under each location.	51+ payroll
Certificate of Coverage	Copy of current carrier’s Disability Certificate of Coverage (when enrollment in short-term or long-term disability)	All cases
<a href="#">ACH Form</a>	OPTIONAL: Used in place of a check for a groups monthly premium	All cases
<a href="#">All other forms</a>	For other forms available on Humana.com including state specific documents	

## Tips for efficient case submission:

- Electronic enrollment will receive priority processing over paper applications. Please see your sales representative for electronic enrollment priority requirements and/or options. Electronic enrollment is defined as electronic vendor (EasyApps, FormFire, etc) or list enrollment spreadsheet.
- Cases should be submitted a minimum of 10 days prior to the requested group effective date. The case installation process is impacted when the case is submitted less than 10 days prior to the effective date. Expect longer processing times if the above time frame is not followed.
- Please be aware cases missing required key elements listed above and will be returned. These types of cases create a poor member experience for all of our customers due to the additional processing delays.
- Please advise your customer to complete all fields on the application unless the question does not apply to their sold product. **We cannot assume that an unanswered application question implies that the customer's answer is no.**
- To avoid multiple submissions if using applications, do not use list enrollment.
- Employee applications must be signed no later than 90 days prior to requested effective date.
- If applications or waivers are not obtainable, the employer must submit a letter stating they understand final rates may change if COBRA / state continuation eligible employees enroll for the plan within their election period.
- If your customer chooses to use paper applications, please follow the tips below
  - Use block (printed) letter writing. Cursive writing can be difficult to read.
  - Use black or blue ink. Faded writing is difficult to read.
- Please be sure to stress the importance of accurate contact information for the employees, especially phone number. This is needed for Humana to provide assistance to our members when needed

**New business submission should be emailed to: [SBSales@humana.com](mailto:SBSales@humana.com)**

**Do not cancel current coverage until you receive written notification of coverage with Humana**

For assistance, please contact your Humana sales executive

