Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS)
2101 East Jefferson Street, Rockville, Maryland 20852

Small Group New Business Package Checklist

Date:		Requested Eff Date:
Group #:	Group Name:	State:

New Business Package to also include

- ☐ **Group Application** ☐ _____
- ☐ **Summary of Benefits Coverage** for plan(s) selected ☐ _____
- ☐ **Employee Applications** # of Applications attached : _____ ☐ _____
  - ☐ **Approved General Agent Employee Enrollment Forms** **# of Forms Attached _____** ☐ _____
  - ☐ **Employee Waiver Forms -** for eligible employees waiving coverage with other or no insurance ☐ _____
- ☐ **Quarterly State Wage & Tax Statement -** Most Recent Quarter Available ☐ _____
  - ☐ Two most recent pay stubs - For new employees not on the Wage & Tax Statement ☐ _____
  - ☐ Employer Letter written on company letterhead if taking a draw from the company ☐ _____
- ☐ Group Specific Rate Quote
- ☐ Copy of **Check** for 1st Month's precalculated premium ☐ _____
  - ☐ Sold Group Rate Comparison - required for all groups 26+ eligible employees ☐ _____
    - ☐ Not applicable ☐ _____

Date Complete Package Received and forwarded to Underwriter for review:

_____	_____	_____
Acct Mgr or Sales Reps Name	Signature	Date
_____	_____	
Medical Undr. Verification Analyst	Underwriter	