



Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

This checklist must be completed when enrolling a new group for Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc or Southern National Life Insurance Company, Inc.

LABI Applicant?  Yes  No, if yes, provide a LABI membership card or application.

**MANDATORY TO SUBMIT A NEW GROUP OF ANY SIZE (all items below must be included):**

- Completed "Application for Group Coverage" form 01MK5337.
- Completed "Group Sales Enrollment Spreadsheet" file.
- Completed "First Month Premium Attestation" form 01MK6854 07/18 required if using "Application for Group Coverage" form 01MK5337 **R06/18** and paying first month's premium online.
- Current Wage and Earning Statement (SUTA, required for companies older than 6 months). **See below\*** if SUTA is not available. Acceptable Employee Authentication documents listed on page 2.
- Copy of signed sold proposal (If Qualifications page is part of proposal, submit all items listed).

**MANDATORY TO SUBMIT IF GROUP OF ANY SIZE HAD PRIOR COVERAGE:**

- Prior Carrier Invoice for the month prior to effective date of enrollment

**MANDATORY TO SUBMIT IF GROUP OF ANY SIZE INCLUDES SNL LIFE PRODUCTS:**

- For Life, Prior Carrier booklet is required

**MANDATORY TO SUBMIT FOR LARGE GROUPS (not applicable for life only groups):**

- Completed "Group Health Questionnaire" form 01MK4904 for large groups in accordance with PPACA regulations

**MANDATORY TO SUBMIT FOR LARGE GROUPS WITH AGENCY FEE (group must have 100+ enrolled contracts):**

- Completed "Agency Fee Form" 01MK6648

**MANDATORY TO SUBMIT IF GROUP COVERS OWNERS:**

**Corporation (1 of 2)**

(Owners are Directors)

- Articles of Incorporation including all amendments
- Copy of By-Laws

**Limited Liability Co (LLC)**

(Owners can be Members or Managers as defined in the articles)

- Articles of Organization including all amendments

**Partnership (1 of 2)**

- Partnership Tax Return (K-1 with Schedule E)
- Partnership Agreement

**Sole Proprietorship**

- Copy of Most Recent Tax Return (Schedule C)

- OWNERS ONLY GROUP** – Groups requesting to insure only the owners on a group and do not have any employees must provide a letter on company letterhead documenting that there are NO employees.

**\*IF A COMPANY HAS NOT BEEN IN BUSINESS LONG ENOUGH TO PROVIDE A SUTA OR IS EXEMPT FROM PROVIDING A SUTA, PLEASE PROVIDE THE FOLLOWING FOR EMPLOYER AUTHENTICATION:**

**For Profit Corporation (1 of 2)**

- Articles of Incorporation
- Business License

**Not for Profit Corporation**

- 501 c Filing (Mandatory for Non-Profit Organizations)

**Limited Liability Co (LLC)**

- Articles of Organization

**Partnership (1 of 2)**

- Copy of State License
- Partnership Agreement

**Sole Proprietorship (1 of 2)**

- Copy of State License
- Copy of Occupational License

NEW GROUP ENROLLMENT CHECKLIST – PAGE 2

Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**\*IF A COMPANY HAS NOT BEEN IN BUSINESS LONG ENOUGH TO PROVIDE A SUTA OR IS EXEMPT FROM PROVIDING A SUTA, PLEASE PROVIDE THE FOLLOWING FOR EMPLOYEE AUTHENTICATION: (must provide 1 of 2)**

- Most recent payroll register, which should be current to the time of installation, provided the company has not been in operation for one quarter
- Current Form 941 (FUTA, required entities older than 6 months but have no SUTA) including corresponding employee listing

If the Company has not been in business long enough to provide any of the above, then two of the four below must be provided

- Copy of Annotated W-4's
- Copy of Annotated L-4's
- Annotated Time Sheets
- Copy of I-9's for each Employee

*Please sign when enrollment packet has been completed and reviewed:*

Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_