



Marketed and Administered by:



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Sold Case Submission Checklist

Group Name: _____
 Effective Date: _____ MGU: _____
 Network: _____ Ancillary Products: _____

Date Submitted/ Initials	Date Received/ Initials	Requirement	Comments (Incomplete/ Inaccurate)
		Plan Service Agreement - completed with plan selections, signed by the client and consultant.	
		CIGNA Network Services Agreement, Lifesource Document, and Pharmacy Benefit Manager Agreement	
		Prior Carrier Bill - If this plan is replacing current group coverage, please provide invoices from month prior to requested effective date.	
		A copy of the most recent State Unemployment filing (Quarterly Wage and Tax Statement) form must be included. All employees that have applied for coverage must be accounted for on the quarterly wage and tax statement. W-4 forms are required for all new hires electing coverage not showing on the wage and tax statement. Articles of incorporation are required for all new companies who have yet to file a quarterly wage and tax statement and for owners not appearing on the wage & tax report.	
		NY Surcharge Form – Employer Statement and Application or TPA Change form if previously self funded.	
		Signed Notice of Acceptance & matching Rate Sheets must be included with the group submission. The rate sheet must be in Excel and PDF.	
		Deposit Premium and Funding -A check for the estimated first month plan premium and claims fund must be submitted with the group (make all checks payable to Group Benefit Services, Inc.). Adjustments for changes in enrollment or rated cases will be made with the first monthly bill.	
		Employee Census (in Excel format) that includes names, genders, Social Security numbers, dates of birth, home address, date of hire, plan selection, enrollment status, and division (if applicable) for all covered employees and their dependents. Census from the HERO system is required.	
		Employer Stop Loss Application (and Employer Stop Loss Supplemental Application, if applicable) with appropriate claims funding factors and cost information. This form needs to be completed with the employer and must be signed by the employer and the agent.	
		If coverage (subject to the underwriter's approval) for domestic partner(s) is requested for your Plan, a formal written request must be submitted for review. Upon approval, additional documentation will be required.	
		Employee Enrollment Forms – completed online in the HERO Underwriting System for all eligible employees including those eligible within 2 months after the proposed effective date. If employees are eligible and are waiving coverage, we also need signed waiver forms for those employees. Any missing information whatsoever will freeze the underwriting process. Application must be signed AND dated by the employee within 90 days prior to the ultimate effective date of coverage for the group.	
		Late Submission Notice - signed by the employer AND producer for groups that are submitted after the 12th of month prior to the effective date.	
		Contingencies page signed and dated by administrative contact.	
		Assumptions page signed and dated by administrative contact.	
		Disclosure statement completed and signed by administrative contact (Beacon only)	
		HB 2015 Report if group located in TX (Beacon only)	
		Licensing paperwork for agent for appropriate stop loss carrier/MGU (if not already licensed)	

Case Submission for Processing (GBS Use Only)

Date Submitted/ Initials	Date Received/ Initials	Requirement	Comments (Incomplete/ Inaccurate)
		Complete Case submitted to Account Manager for Processing	
		case submission uploaded onto Sharefile (USMGU)	