

# COSE MEWA Sold Case Pre-Submission Review Form



This form must accompany sold case submission documents and be signed and dated by an agency representative. The signature acknowledges that the materials have been thoroughly reviewed and that incomplete submissions can be pulled from the sold group queue and returned to the agency for reconsideration and resubmission. We appreciate your attention to detail as it helps us process your group efficiently and improves processing times. Thanks for your cooperation!

**Please assemble or confirm the existence of the following documents and confirm that you have reviewed each in accordance with the information contained within this document as it relates to each:**

	Initial
A. Employer group application	
B. Employee applications/waivers with changes from prescreen submitted through FormFire or EasyAppsOnline	
C. Quarterly wage and tax statement <u>reconciled</u> (most recent)	
D. Alternative tax documents for enrollees who don't appear on the wage and tax (e.g., owners, partners, etc.)	
E. Most recent prior carrier billing statement (if applicable)	
F. Copy of proposal pages for products sold, signed by group (medical and ancillary)	
G. Self-employed individual affidavit (if applicable)	
H. Medicare exception form (if applicable)	
I. EFT form and voided check for groups electing EFT	
J. Cobra Addendum when declining Cobra Administration (if applicable)	
K. Residency Requirements: A minimum of 75 percent of participants must reside in Ohio.	
<b>Authorization</b>	
Agency Representative Signature	Date

*Please note that if your submission is deemed to be incomplete and is returned, it will lose its place in the sold group queue and the proposal effective date could be in jeopardy.*

## **A. Employer Group Application**

Please review each section to confirm that all fields have been completed in full and the information is legible and accurate.

### **Section 1**

Please review to confirm that all fields have been completed in full.

Note: a chamber membership number can be provided after the group has been approved. The approval letter will be released after receipt of this membership number.

### **Section 2**

Please pay specific attention to the following common errors:

- Minimum Hour Requirement is 20 with a maximum of 30.
- Probationary Period checked for both new hires AND rehires.
- Employer contributions completed.

Note: Medical Mutual requires a minimum 50 percent employer contribution for the employee's single cost of coverage.

- Participation Numbers

Please make sure to compare the numbers against the wage/tax and other tax docs supplied, to ensure the numbers are consistent. Be sure you consider the number of full-time applications and waivers and that they equal what is reflected on the group application.

### **Section 3**

Make sure the question is answered and that if the answer is YES, the applicable employee application has been updated to reflect the additional information. If resubmitting the applications through FormFire, or EasyAppsOnline please make sure to use the comment section and include the specifics as it relates to what is changing and for whom.

### **Section 4**

Please make sure all product options the group wants installed are properly marked. Remember, we will only set up and maintain a plan that has at least one active enrollee. Please make sure to include a signed rate page from the proposal for each product selected.

### **Section 5**

If the group has chosen to offer a QHDHP, Medical Mutual can provide HSA banking support if desired. If checked YES, please make sure to include the additional set-up documents. Contact your sales consultant if you have questions about necessary documents.

### **Section 6**

- Life and Disability

If coverage is desired, make sure the appropriate boxes are checked for each product and the waiting periods, contributions and elimination periods have been properly completed. Make sure to include a signed copy of the proposal page(s) reflecting the rates and benefits for the plan(s) to be installed.

### **Section 7**

Please provide prior carrier specifics or mark NONE if there is no previous coverage.

### **Section 9**

Please ensure that the group official completes and signs where indicated and that the broker data is also included.

Please note that while the form requests the agency TIN, it is helpful if you also include the producer's SSN.

## **B. Employee Applications**

Please confirm that the census has not changed from the pre-screen review and that we have the applications and waivers needed based on the data reflected on the employer application and tax documents. You should address any inconsistencies with the numbers. Please remember that ANY change in enrollment can, and likely will, result in a change in the rates.

If the group is offering multiple plans, we will need to know the specifics as it relates to each person's product choices. This can be done in two ways: (1) by having each person go back into FormFire to update their application; or (2) you can provide a spreadsheet that includes each employee enrolling, their SSN, the medical plan of choice, and details about ancillary enrollment, if applicable.

## **C. Wage and tax and other tax document review**

Please "reconcile" the quarterly wage and tax. Next to each employee listed on the CURRENT quarterly wage/tax please make a notation as to their status. For example: FT (fulltime), PT (part-time), T (termed), S (seasonal) or W (waiver).

Please consider those FT employees/owners who may not appear on the Wage/Tax and make sure we understand why. For example, a new-hire DOH on their application supports their absence from the quarterly Wage/Tax document; or an owner or partner who is not paid W-2 wages but for whom you've supplied alternative documents such as a K-1 or Schedule C. You are welcome to write notes at the bottom of the wage/tax to list new hires, including their DOH, owners, additional documents provided, etc.

## **D. Self-Employed Individual Affidavit (Groups of one)**

Not needed if one of the following is applicable:

- When there are W2 wages for an employee other than the owner, i.e. (part time employees).
- When a quarterly wage and tax report is available.
- Husband and wife only business where one of them shows up on quarterly reports as a W2 employee.
- If tax forms provide evidence of full-time business revenue.

## **H. Medicare Primary Registration Form**

This form is a person-specific form and is requested under the following conditions:

- Group's total employee population is under 20 (Medicare is primary).
- Group has Medicare eligible enrollees (age 65+) who have Medicare parts A and B.
- Each 65+ Medicare enrollee needs to complete the form.

---

*Please note that if your submission is deemed to be incomplete and is returned, it will lose its place in the sold group queue and the proposal effective date could be in jeopardy.*