

# New Business Group Submission Checklist

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**Attention Underwriter:**

I have enclosed **all** of the following for this group application. I have provided my contact information below if there are any questions. **Case is subject to be returned if the following steps are not satisfied. Underwriting will not proceed until steps 1-4 are completed.**

1.  Fully completed Employer Application
2.  Fully completed Employee applications for Coverage, Waiver of Coverage or COBRA Election Form. **Each must be signed and dated by the employee.** *Note: if using the Rapid App process, employee applications are not required.* All Social Security numbers are required on the HIPAA authorization page.
3.  A copy of the Employer's most recent state quarterly unemployment tax report containing Employee names, social security numbers and earnings, including the summary page and the wages page with the totals listed on the bottom of the page. **Please indicate the current status of each employee (i.e. full time/part-time/seasonal and if terminated provide the date of termination) on the wage and tax report.**
4.  **Signed** copy of the final IAC proposal quote (all pages) for the group, which you have received from your IAC General Agent. The proposal will be used for the purposes of determining what Plan and options the employer has elected. If the group is applying for more than one plan design, please submit a copy of the quote for all plans elected. Each plan design must be identified as plan 1, plan 2, etc. All employees must mark application for plan requested.
5.  First month's premium drawn from Employer's Business Account payable to IAC or Standard Security Life. **Funds will not be cashed until the case is approved. Personal checks not accepted.**
6.  Prior Carrier Billing Statement including an outline of the coverage and evidence of the prior carrier's effective date. List effective dates for each employee.
7.  Copies of Certificates of Creditable Coverage (CCC)  
**All enrolling employees MUST submit their creditable coverage certificates so time spent under the previous health care plan counts towards satisfying any waiting and/or preexisting periods.**

**OR**

- The last 12 prior carrier billing statements may be submitted in lieu of copies of certificates of creditable coverage.

**If CCCs are received after the case is inforce, the CCCs can be submitted to IAC as follows:**

IAC, Inforce Administration P. O. Box 37457, Phoenix, AZ 85069 or  
e-mail: InforceAdmin@iacusa.com • Fax: 602-678-4267 • Phone: 800-518-4510

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Agent name

Phone

Email