

## Oregon Small Group Enrollment Check List for Producers

### Master Contract Application

- Verify you are using the current Oregon Master Contract Application
- Include a check for the first month's premium if effective on the 1<sup>st</sup> and check for the first month-and-a-half if effective on the 15<sup>th</sup> (business checks only)
- Group name & physical address (if the group name is different than the DBA, please indicate both; if the address on the check is different than on the Master Contract Application, indicate why)
- Business start date
- Effective date
- Business Federal Tax ID# (9 digits)
- CMS group size
- Subject to Cobra or State Continuation indicated
- Employer contribution (percent of dollars must be 50% or more of the single employee rate)
- Minimum hours
- Probationary period
- Waiving probationary period at initial enrollment
- Previous carrier (mark NA if none)
- Product selected, including riders
- Agent name & signature (back page)
- Authorized group signature (back page)

### Census Form (all employees on Payroll)

- All employees listed-even if they are not eligible or enrolling
- Date of hire
- Hours worked
- Dependent status: Count **all** dependents even if they are not enrolling
- Signed / dated (back page)

### Enrollment/Change of Status/Waiver Forms

- Date of hire (date must match on census and quote)
- Plan selection
- If selecting HSA integrated account with HealthEquity; box must be checked
- Date of birth
- Employee SSN#
- Marital status – “Married” eligible employees must submit waiver information for non-enrolling eligible dependents
- Employee name
- Home address is physical address
- Dependent/spouse Name(s)
- Signature
- Date

*Waiver information required for eligible employees and dependents not enrolling:*

- Type of coverage (group or individual)
- Current insurance company and plan policy number
- Eligible employee signature
- Date

### General / Miscellaneous

- Enrolling eligibles must match the quote (if not, producer will need to re-quote)
- Copy of quote included
- Enrollment forms must match census information
- Enrolling employees meet probationary period or “waive probationary period at initial enrollment” indicated
- Participation requirements met
- Any / all employees working out of area must be identified
- All Oregon groups with three (3) or fewer eligible employees or groups with 100% family related employees are required to submit proof of employment documentation. (*See page 2 for details*)
- Completed Group Profile Form
- Last six (6) months of prior carrier billing

**For proof of employment documentation, please see ‘Oregon Small Group Proof of Employment’**

**Providence Health Plans Underwriting Department reserves the right to request additional documents.**

**Providence Health Plans  
Deadlines for Small Group Quotes and New Group Enrollment**

In order to provide excellent service to our members, Providence has a deadline for SMALL GROUP quotes and NEW GROUP enrollments.

For QUOTES, the 20<sup>TH</sup> of the month is the deadline for first of the month effective dates and the 5<sup>th</sup> of the month for mid-month (15<sup>th</sup>) effective dates.

For NEW GROUPS, materials must be received in our office by the 25<sup>th</sup> for the first of the month effective date, and the 10<sup>th</sup> for mid-month (15<sup>th</sup>) effective dates.

Prior to submission, please review all new group enrollment materials for accuracy and completeness. Incomplete enrollment materials will be returned to Producers for completion and will delay the group’s enrollment.

**Portland Office Mailing Address:** Providence Health Plans  
ATTN: SALES – Small Group  
PO BOX 4327  
Portland OR 97208-4327

**Eugene Office Mailing Address:** Providence Health Plans  
1500 Valley River Dr. STE 200  
Eugene OR 97401

*Please remember that achieving deadlines does not guarantee group coverage.  
Providence Health Plans Underwriting Department must review group’s enrollment materials to ensure all underwriting criteria are met.*