

# NEW GROUP PAPERWORK

## Groups 2-50 Eligible Employees

- Broker of Record Letter (if applicable)
- Proof of Membership Documentation
- New Group Health Plan Contract
- Employer Certification Form
- Employer Plan Selection Form
- Employee Benefit Enrollment Forms
- Employee Waiver Forms
- Prior Carrier Invoice
- Signed Rates & Plans
- Binder Check (provide a copy with paperwork) and mail 1<sup>st</sup> months healthcare fees payable to:

**APEMT/Members Health Plan NJ**  
**P.O. Box 412491**  
**Boston, MA 02241-2491**

### PAYROLL VERIFICATION - REQUIRED TAX DOCUMENTS

- Last two quarters of WR-30 (1 Full Time eligible employee must be listed on the most recent quarterly wage and tax statement (QWTS/WR-30 and employee must have worked 13 weeks in each of the last two quarters  

-OR-
- K1 with personal 1040 and a minimum of 1 Full Time eligible employee must be listed on the most recent quarterly wage and tax statement (QWTS/WR-30) and employee must have worked 13 weeks in each of the last two quarters. (If there is an amount on line 7 of personal 1040, a W-2(s) must be provided to account for total amount)

## Groups 51+ Eligible Employees

- Broker of Record Letter (if applicable)
- Proof of Membership Documentation
- New Group Health Plan Contract
- Employer Certification Form
- Employer Plan Selection Form
- Employee Benefit Enrollment Forms
- Employee Waiver Forms
- Prior Carrier Invoice
- Signed Rates & Plans
- Binder Check (provide a copy with paperwork) and mail 1<sup>st</sup> months healthcare fees payable to:

**APEMT/Members Health Plan NJ**  
**P.O. Box 412491**  
**Boston, MA 02241-2491**

## Instructions/Descriptions

*Complete all required documents using the checklist appropriate for your employer size. All required forms are located on the website [www.betterhealthnj.com](http://www.betterhealthnj.com).*

- ✓ **Broker of Record Letter-** letter indicates the name of the General Agent/Broker to whom commissions should be paid.
- ✓ **Membership Documentation-** all non-medical groups must be affiliated with a participating association. (EANJ, MSNJ, BIONJ, Howell, Jackson, Greater Monmouth Chambers of Commerce).
- ✓ **Health Plan Contract-** new group name, address, email, tax identification number, phone number and billing information.
- ✓ **Employer Certification Form** – For groups of 2-50 eligible only. Count of Full Time and Part time employees, valid waivers, refusals. Request employee waiting and rehire waiting period.
- ✓ **Employer Plan Selection Form**–Select medical, prescription and dental plans. Indicate COBRA administrator.
- ✓ **Benefit Enrollment Form-** add an employee.
- ✓ **Employee Census** – For groups 51+ list of all part time and full-time employees including gender, date of hire and date of birth and hours worked per week.
- ✓ **Signed Rates** – the rates page is attached to the quote.
- ✓ **Waiver Form** – used for an employee who is waiving/refusing coverage

### SUBMIT NEW GROUP PAPERWORK TO:

**Members**  
**HealthPlan<sup>NJ</sup>**

c/o Concord Management Resources  
P.O. Box 5487  
Somerset, NJ 08875

Email: [MEWANewbusiness@concordmgt.com](mailto:MEWANewbusiness@concordmgt.com)

Fax: **833-MEWAFAX (833-639-2329)**

**For additional information and inquiries, please contact us directly at 833-MEWANOW (833-639-2669)**