

GROUP SIZE 51+

NEW BUSINESS SUBMISSION CHECKLIST

Please confirm all items are attached by checking the box. If items are not complete and/or documents are not enclosed, the review of the submission will be delayed. All new business submissions must be submitted no later than the required due date. Attach this checklist with your new group submission.

New business submission email: mewanewbusiness@concordmgt.com

- Broker of Record letter (If applicable)**
- Proof of Membership Documentation (Select One)**
 - Employers Association of New Jersey (EANJ) Membership # _____
 - Medical Society of New Jersey (MSNJ) – Paid Invoice/Membership Letter
 - BioNJ – Membership Letter
 - New Jersey Chamber of Commerce – Membership Letter
 - Hospital IPA/Membership letter
- Completed and Signed New Group Health Plan Contract (Sections 1-7)**
- Completed Employee Census**
 - Please list of all part time and full-time employees including gender, employee home zip code, date of hire, date of birth and hours worked per week, and waivers.
- Completed and Signed Employer Plan Selection Form**
- Completed and Signed Employee Benefit Enrollment Forms**
 - Total forms must match total enrolling from census – Total# Eligible Employees applying/enrolling
 - COBRA Questionnaire for members who are currently enrolled with COBRA or DU31 benefits (applicable for groups who elect OCA as the administrator)
- Completed and Signed Employee Waiver Forms**
 - Total forms must match total waiving from census. – Total # Eligible waving with and without other coverage
- Signed Rates & Plans**
- Name of Current Carrier and Plan Design**
- Were you previously enrolled with the plan? _____No _____Yes Dates: _____**
- Attach Binder Check (provide a copy with paperwork) and mail 1st months healthcare fees payable to:**

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

FOR OFFICE USE ONLY

Submission Date: _____	Received By: _____
Submitted By: _____	Approved By: _____