



Fixed Funding Solutions Group Installation Checklist

(for new & converting business)

The following items must be submitted for processing at least 15 days prior to the requested effective date. Digital copies of all forms and checks are preferred.

1. CBIA Membership Application and dues payment (*required for new members only*)
2. CBIA Health Connections Employer Participation Agreement (*includes New York Public Goods Pool Forms and Business Associate Agreement Addendums*). HSA/HRA integration must be selected on the Employer Participation Agreement and additional forms must be completed for the selected vendor. See Forms section on cbia.com.
3. ConnectiCare Stop Loss Insurance Application
4. Authorization Form for Electronic Payment – to authorize first month's estimated charges (binder) and CBIA dues (*new business only*)
5. Direct Debit Form (optional) – to authorize ongoing monthly withdrawal for in-force coverage
6. UC-5A - most recent employee quarterly earnings report. Indicate each employee who is enrolling, waiving, part-time, or terminated (*new business only*)
7. Business Owner Enrollment Statement for owners not appearing on UC-5A (*new business only*)
8. Copy of all sold proposals
9. Enrollment election or Waiver of Coverage form for each eligible employee, including Medicare
10. Completed Individual Medical Questionnaires (IMQ) for any employees/dependents enrolling for coverage who were not underwritten and approved prior to enrollment.
11. COBRA or State Continuation Service Agreement (if adding the service) and any Takeover Forms, if applicable
12. Registration for Online Account Access

For non-medical coverages:

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| 1. Prior carrier dental bill if group is electing dental | 2. Personal Health Application for life amounts over the guarantee issue |
| 3. Prior carrier bill if group has existing voluntary life and disability coverage | 4. If electing STD or LTD coverage, an original completed Tax Service Agreement must be submitted. Separate agreements are required if electing both coverages. |