

Georgia Small Group Business

We can accept a handwritten signature or a digital signature such as a DocuSign or Adobe Signature that contains a date and time stamp. PPO products require wet signatures.

Employees listed on the DOL-4 report must be annotated as follows:

- PT (Part-Time)
- E (Enrolling)
- W (Waiving)
- WP (Waiting Period)
- T (Terminated)

Kaiser Permanente reserves the right to request additional documentation at its sole discretion

NEW SMALL GROUP CHECKLIST

- New business case information should be received at least 7 business days before the effective date. Cases submitted after that date may delay the case installation process and impact on the service experience.
- Groups with current medical coverage may be received as late as the 5th day of the effective month.
- Groups with no current medical coverage must be received on or before the effective date.
- In all cases, employer application and employee applications must be signed on or before the effective date.

CHECKLIST FOR SOLD GROUPS

- ☐ Completed Small Group Employer Application.
 - ✓ Section 3C (eligible) should match total number (enrolling & waiving.)
 - ✓ Contract signer must sign employer application and User ID form.
 - ✓ The broker section must be completed.
- ☐ Groups with 5 or fewer subscribers enrolled are required to submit a filed copy of their most recent State Quarterly Tax and Wage Report (DOL-4N) with notation for all employees' statuses. If there are any new enrolled employees not included on DOL-4N, we will need their date of hire and four weeks of professional payroll reports with YTD tax deductions and hours worked.
- ☐ For startups, payroll report.
- ☐ Copy of Prior Carrier Bill.
- ☐ If applicable, copy of 1099 Verification Form or PEO Employee Verification Form.
- ☐ Completed Authorization for Initial Payment by Electronic Transfer Form for first month's premium (applies only to groups with no current coverage, or groups with less than 5 employees enrolled).
- ☐ Completed List Enrollment or legible Employee Applications for all eligible employees including those waiving coverage.
- ☐ Online Account Services User ID Request form completed with either the Contract Signer or Billing Contact listed on the employer application.