

# **NEW GROUP ENROLLMENT CHECKLIST**

## **Business eligibility**

The employer group must have a defined physical location or employees working within the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., service area and maintain an active business license. Kaiser Permanente staff will perform internal checks via state websites to validate the legitimacy of the group.

If status is other than Active, then customer will need to provide alternative documentation (e.g., business license, startup documents, etc.) or submit proof of valid standing.

## Completed group application

Complete the group application, including a dated signature of the authorized contract signer or interested party and date of the signature, within ninety (90) days prior to the effective date. Complete all broker and GA information.

## Most recent Quarterly Wage & Tax Statement, payroll records, pay stubs, W-4, letter

Groups that enroll six or more subscribers are not required to submit a Quarterly Wage & Tax Statement. The Quarterly Wage & Tax Statement must be the most recent and must include a full quarter of data. Employees listed on the form must be annotated by the Group Administrator as follows:

• P/T = Part-time

• E = Enrolling

• WP = Waiting period

• W = Waiving

• T = Terminated

Copy of the most recently issued payroll records

Two most recent pay stubs and a W-4 form for newly-hired employees not on the Quarterly Wage & Tax Statement

Employer letter (signed and dated) if owner is taking a draw from the company or does not appear on the Quarterly Wage & Tax Statement

#### Quote

#### Include a copy of the signed final group quote.

Composite premium rates: A 2-subscriber minimum is required in each plan for which a group is billed using composite premium-rate equivalent methodology.

# First month's premium

EFT form. The group will be notified when the payment is processed.

Premium checks must be mailed to:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

P.O. Box 64345

Baltimore, MD 21264-4345

# Completed Kaiser Electronic Eligibility List (KEEL) or employee enrollment forms Employee waiver forms

Employee waiver forms do not need to be submitted to Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., if a KEEL was provided. Employer groups should obtain and maintain employee waivers.

<sup>&</sup>lt;sup>1</sup> Kaiser Permanente reserves the right to request additional and/or satisfactory documentation to verify that a group applicant and its employees meet all eligibility criteria, and to cancel a Small Group Employer Application when such documentation is not provided.





# ADDITIONAL ENROLLMENT TIPS

#### Service area

Confirm group has a defined physical location or employees working within the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., service area.

#### • Business eligibility verification

Virginia Business License Information System research site:

cis.scc.virginia.gov/EntitySearch/Index

Maryland Business License Information System research site:

egov.maryland.gov/BusinessExpress/EntitySearch

## Quarterly wage and taxes statement

D.C. businesses:

Form DOES - UC30\_ Employer's Quarterly Contribution and Wage Report (Fillable PDF).pdf

Maryland businesses:

2025 Employer Withholding Forms - Taxpayer Services

Virginia businesses:

**Employer Quarterly FC20/21 eForm** 

#### Full-time equivalency

Confirm employer group has 50 or fewer full-time equivalent (FTE) employees.

healthcare.gov/shop-calculators-fte

#### Participation requirements for off-exchange plans

Virginia's minimum participation requirement is 50% for all group sizes.

Maryland's minimum participation requirement is 50% for all group sizes.

Minimum participation and employer contribution requirements are waived for small employers that apply during the annual open enrollment period from November 15 through December 15 each year. This annual open enrollment period applies to small employers that apply through the SHOP (Small Business Health Options Program) or directly through a carrier, and is reserved exclusively for January 1 coverage effective dates.

## Summary of Benefits and Coverage (SBC) for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., plans

healthy.kp.org/maryland-virginia-washington-dc/support/forms/health-plans/small-groups-summary-benefits-coverage

#### Prior group with Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Groups that have canceled with Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., within 6 months are not considered New Business and should be submitted to the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Account Management team.

#### Sales quoting

business.kp.org/business/signon

## Small Group Guidelines

business.kaiserpermanente.org/business/broker/maryland-virginia-washington-dc/marketing-and-sales-materials/small-business

#### Field sales guide

business.kp.org/business/forms-and-documents



## Policy effective date

Policy effective dates can be the 1st or 15th day of the month.

- Final rates are based on actual group enrollment for a specific policy effective date. A new rate quote may be required for a change or postponement of a policy's effective date. Rates may vary by policy effective date.
- Existing employees and their dependents (if the employer offers dependent coverage) are eligible for coverage on the employer's effective date.
- An employer group can make a plan change up to the 30th day following the group's effective date.

#### Submission deadlines

Coverage effective date can begin on either the 1st or the 15th day of the month. The complete group submission must be received by Kaiser Permanente by noon on the effective date.

**Note:** If the submission deadline falls on a Saturday, Sunday, or holiday, Kaiser Permanente will extend the submission deadline date until the next business day within that applicable month.



# **Questions?**

See your Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., sales representative or call **866-523-0924**.