The Defend Plans

AcuityGroup

New Group Submission Checklist

Group Name:_____ Contact:_____

Contact Email:_____ Contact Phone:_____

Thank you for selecting the Protect Plans. Please email as attachments the following forms to Sales@InsurgencyBenefits.com.

	For Employers and Employees
☐	**Employer Application** Please be thorough and do not leave questions blank or unanswered. If a question doesn't apply enter "N/A."
☐	**Rate Sheet(s)** Please sign and date rate sheets from your quote for the plans sold. Please do not send all proposed plans.
☐	**Current Carrier Billing** Please include the latest invoice available
☐	**Employee Enrollment Forms** Please verify thorough completion of all forms and that your desired effective date is indicated.
☐	**Defend Plans Employer Acknowledgements of Disclosures** Please sign and date this document certifying the employer (Plan Sponsor) has reviewed the implications of self-funding.
☐	**Wage and Tax Report** Most recent filing. Please reconcile this report by indicating which employees are enrolling, ineligible or declining.
☐	**COBRA** **For Current Participants please provide:** Member demographics, copy of COBRA Election Form, Qualifying Event Date, Qualifying Event Reason, Coverage being selected, Premiums paid through date **Will group have have any stand-alone COBRA administration.** ☐ YES ☐ NO If "yes", indicate coverages (dental, vision) and the stand-alone COBRA rates to be used for the new effective date.
☐	**Claims History:** If not provided previously. Please submit, for the past two years if available, medical and pharmacy claims experience and information concerning all claims over $25,000. For groups providing two years of claims experience only, employees may skip medical questions (Section 7 of the Protect Plans Employee Application)
☐	**Additional Information** As requested by the underwriter, if any.

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IMPORTANT NOTE:
DO NOT CANCEL CURRENT COVERAGE UNTIL WRITTEN CONFIRMATION OF APPROVAL IS RECEIVED FROM THE DEFEND PLANS UNDERWRITERS.

☐	**Mail Check for First Month Fees (Payable to Accuity Group) to:** ***Billing Department, Accuity Group, 1022 Highland Colony Parkway, Ridgeland, MS 39157*** **Attach Copy of this Check to Employer Application** *Note: Client should **not** include payments for current COBRA participants*

	When submitting your first Defemd Plan case or your first case with this Stop-Loss Carrier, please submit the following:
	For Brokers
☐	**Meritain Health Broker Data Form**
☐	**W-9 Form**
☐	**Insurgency Benefits Producer Agreement and Exhibits** Available from your general agent or through Sales@ProtectPlan.Info
☐	**Copy of Current E&O Policy**
☐	**Signed ACH Form** Accuuity Group will deposit compensation payments directly into the account indicated.

Next Steps:

Please submit your client's application and other material to Sales@InsurgencyBenefits.com. Insurgency Benefits, the program underwriter, or the program administrator may contact you for additional information. If approved for coverage, the administrator will provide your group with ID Cards and Plan Documents.

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