



Producer Information

Enrollment of Employees

Each employee applying for coverage (including owners, partners, etc.) must fully complete and sign an Application for Insurance form for themselves and any dependents to be insured. All employees refusing coverage must complete and sign the Waiver of Coverage section. Businesses applying for coverage must have the employees answer all medical questions on the application. If the employee answers "yes" to any medical question they must complete the back of the application. Be certain the employee has signed the back of the Application for Insurance.

Each applicant must personally complete the Application for Insurance. It is critical that the questions on the Application for Insurance be answered truthfully and completely. Employees who fail to report information or make a material misrepresentation on an application will be subject to rescission of their insurance coverage as well as their dependent's coverage (if any).

Prior Coverage

To confirm eligibility for any pre-existing credits for individuals transferring coverage from a prior carrier, New England Financial requires a copy of the prior carrier's last premium statement or a copy of a Certificate of Credible coverage for each individual at the time the case is submitted.

Pre-Existing Conditions

Be sure the employer carefully reads the pre-existing conditions and plan limitations and exclusions contained in this brochure. All pre-existing conditions must be disclosed by each insured on their Application for Insurance form.

Workers' Compensation

Limitation

Coverage for work-related injuries or illnesses will be provided for sole proprietors, partners, owners, or corporate officers, when these classes of employees (*covered under the plan as an employee*) do not have Workers' Compensation Insurance for themselves due to limitations in the Workers' Compensation laws in their locale and have elected and been approved for 24-hour coverage (Occupational Exclusion Waiver). *There is no additional cost for this benefit.*

Getting Your Case Approved Quickly

You can expedite the processing of your cases by doing the following:

- Make sure the employer completes and signs the Employer Participation Application. All questions must be answered.
- As the Producer, you should complete and sign the Agent Information section of the Employer Participation Application.
- Indicate the desired effective date of coverage. It must be the first day of the month, unless the coverage is replacing another group policy. The application must be received by HealthPlan Services by the 12th of the same month it becomes effective (except for POS plans, which must be received prior to the effective date).
- Tell the client not to terminate existing coverage until you or the client have received confirmation of acceptance from HealthPlan Services.
- Elect a waiting period for future employees (zero, one, two or three months). The effective date of future

employees will be the first of the month following the number of months elected. This may vary by state.

- Have all employees complete an Application for Insurance form for themselves and any dependents to be insured. If an employee is refusing coverage, he or she must complete and sign the Waiver of Coverage section.
- Employees must answer all questions completely, including all medical questions. If any medical question is answered "yes," the employee must complete the back of the application.
- Check to make sure that both the employees and the employer have signed and dated their respective applications. Any corrections must be initialed and dated by that applicant.
- Mail the employer and employee applications, a business check for the first month's premium and administration fee payable to HealthPlan Services, a copy of the proposal and the most recent billing statement from the prior group carrier to:

HealthPlan Services
P.O. Box 30129
Tampa, FL 33630-3129

or, for overnight mail:

HealthPlan Services
3501 Frontage Road
Tampa, FL 33607
(813) 289-1000 (*local phone#*)