



Group Frequently Asked Questions

Q1. What is creditable coverage and how does my client provide proof?

A. Creditable coverage is a term contained within the HIPPA (Health Insurance Portability and Accountability Act of 1996) law. For small employer groups with fewer than 50 full and part-time employees. The certificate of creditable coverage is intended to establish an individual's prior creditable coverage for purposes of reducing the extent to which a plan or issuer offering health coverage in the group market can apply preexisting condition exclusion. The certificate of creditable coverage is a written document that reflects certain details about an individual's creditable health coverage. Plans, issuers, individual insurance (including association plans and college health plans), Medicare, Medicaid, CHAMPUS, the Indian Health Service, and insurers under the Federal Employees Health Benefit Program are responsible for issuing certificates. State high risk pools, public health plans, and Peace Corps plans are not responsible for issuing certificates. If the plan is self-insured, it is the plan's responsibility.

Q2. What items are needed to submit with a group life or disability application?

- A.** 1. Employer and employee applications fully completed. Make sure that salaries are clearly indicated, including whether they are monthly, annual, or hourly salaries. Depending on the carrier, it may be possible to enroll the group with a census application as long as the census contains all the necessary information. Ask us if this is possible with the carrier you are selling.
2. If the group has current disability coverage, submit the billing for the current month and also a copy of their benefit booklet that shows the disability benefits they have presently. This is required for take-over benefits. If a group does not receive takeover, most carriers will impose a pre-existing condition limitation on the new group policy.
3. Some carriers may require a DOL-4 state wage & tax statement. Ask us if this is necessary for the carrier your group is applying with.

Q3. What items are needed to submit with a group dental application?

- A.** 1. Employer and employee applications fully completed. Depending on the carrier, it may be possible to enroll the group with a census application as long as the census contains all the necessary information. Ask us if this is possible with the carrier you are selling.
2. If the group has current dental coverage, submit the billing for the current month and also a copy of their benefit booklet that shows the dental benefits they have presently. This is required for take-over benefits. If a group does not receive takeover, most carriers will impose a waiting period for certain services.
3. Some carriers may require a DOL-4 state wage & tax statement. Ask us if this is necessary for the carrier your group is applying with.

Q4. What items are needed to submit with a group health application?

- A.** 1. Employer application a fully completed employee application for each employee. Be sure that they employee signs and dates his or her application. Also be sure that each medical question is answered and if an employee answers "yes" to any of the medical questions, be sure he or she explains the medical condition in full, including dates or treatment, medications, dosages, and diagnoses.
2. A fully completed application will avoid having the underwriter have to do phone interviews and will keep you, the agent, from having to go back to the group for additional information.
3. A DOL-4 state wage and tax form from the most recent quarter of the year. Be sure that you get the front page with the employer information and federal tax ID, as well as the detail page listing each employee along with their name, social security number and wages paid for the quarter. This is the way that health underwriters verify that Employee are working at this company full-time and are therefore eligible for



coverage. If anyone is listed on the statement from whom you do not have an application, be sure to find out if that person is terminated (get the termination date) or is he or she is part-time. IF wages of a part-time employee are close to those of full-time employees, an underwriter may still require that you have that part-time employee fill out a waiver. For 1099 employees who do not appear on the DOL-4, you should verify that the carrier you are applying to will accept them. Some carriers will not accept any 1099 employees and most others have a limit as to the percentage of employees who are allowed to be paid on a 1099 basis.

4. If the group has current group health coverage, submit the carrier bill from current month. Some carriers also require proof of the group's previous effective date (i.e. the bill from one year ago). Employees who do not appear on this bill may have a pre-existing condition limitation imposed on them unless they can produce a letter of creditable coverage from a group or individual carrier that shows they have continuous coverage for at least 18 months with no lapse in coverage for more than 60 days.

5. Some carrier may require medical questionnaires if certain medical questions are answered "yes" on the employee application. Check with the Palmer Agency.

Q5. What information is needed to get a group disability quote?

A. Company name, company location including zip code, nature of business or SIC code, and a full census listing of employees. The census should include the job titles and the salaries for each employee. Indicate clearly whether the salaries are annual, hourly, monthly, bi-weekly, etc. If the group has current disability coverage, please let us know the specifics of that coverage (e.g. "Long-term disability pays 60% of monthly salary to a maximum of \$6000 per month and begins after an elimination period of 90 days" or "Short term disability pays 67% of weekly salary to a maximum of \$750 per week, begins on the 8th day for accident and the 8th day for sickness and lasts for a duration of 26 weeks (8-8-26)")

Q6. What information is needed to get a group dental quote?

A. Company name, company location including zip code, nature of business or SIC code, and a full census listing of employees. The census should include the dependent status of each employee (single, EE + spouse, EE + children, or full family). Please indicate whether the group has current dental coverage, as this will impact the rates. If the group has current coverage, it is helpful to provide their current benefits so that we can try to run the most competitive plans we have. If you wish to see specific types of plan (i.e. a specific UCR percentage or orthodontia), please indicate. We also need to know how much the employer will contribute to the premium for employees. This information also impacts your rates. If this is to be voluntary (100% of the premium will be paid by the employee), we need to know that as well. We can quote dental for certain products WITHOUT a census. Please check with The Palmer Agency.

Q7. What information is needed to get a group health quote?

A. Company name, company location including zip code, nature of business or SIC code, and a full census listing of employees. The census should include as much information as possible, including dates of birth, sex of employee, spouse's age or date of birth, and number of children. If the group has current coverage, it is helpful to provide their current benefits so that we can try to run the most competitive plans we have. If you wish to see specific types of plan (such as HSA's or HRA's), please indicate. The best case scenario is when you have medical information about each employee and dependent in the group. The more detailed the information, the more accurate the rates will be in your quote. Try to get more rather than fewer details (e.g. rather than just telling us the person has "diabetes" find out if the person has insulin dependent diabetes or adult-onset diabetes controlled with oral medications and also find out height, weight, date of diagnosis and medications taken, along with their dosages. For high blood pressure, find out height, weight, medications and dosages and three recent blood pressure readings.) Although it is not necessary for a group health quote to get tobacco usage information on the group as a whole, if you do find out about conditions such as hypertension, diabetes, cardiac conditions, it will make a huge impact on rates as to whether those individuals use tobacco or not. We have specific underwriters dedicated to the Palmer Agency and can usually get a group prescreened in 48 hours.