



A plan for life.

Checklist for Submitting a CDPHP Medicare Choices Group Plan

Census Information Required for Quote (include all Medicare-eligible employees, spouses and dependents:

- _____ Gender
- _____ Date of Birth
- _____ County of Residence
- _____ Zip Code
- _____ Working or Retired
- _____ Current Coverage Level (Single, 2-Person, Family, Waived)

Mandatory Items Required in Order to Process:

- _____ Employer Application - by 10th of the month prior to the effective date
- _____ Signed Rate Sheet - by 10th of the month prior to the effective date
- _____ Signed Attestations (3) - by 10th of the month prior to the effective date
- _____ List of Group's Medicare Eligibles (for Creditable Coverage Attestation including Name, DOB and Zip Code) - by 10th of the month prior to the effective date
- _____ Employee Application(s) - by 15th of the month prior to the effective date

Additional Preferred Items:

- _____ Copy of 30-day notice letter distributed by the group

Timeline for Submitting Paperwork:

Employer Group paperwork (Employer Application, Rate Sheet & Attestations) must be submitted by the 10th of the month prior to the effective month.

Employee Application(s) should be submitted by the 15th of the month prior to the effective month for timely processing and generation of member ID cards.

NOTE: There are no retroactive enrollments or terminations allowed with CDPHP Medicare Choices Group plans, due to CMS regulations.