

Oxford Health Plans
Guidelines for Submission of New Business for Groups of 2-50 Employees
***This form must be submitted with ALL Oxford Health Plans New Business**

Group Name _____

Effective Date (must be submitted within 5 days of the effective date) _____

Broker Name & Agency _____

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 Binder Check

- _____ Made payable to Oxford Health Plans
- _____ Equal to first month's premium
- _____ On company check stock (if company stock is not available, an explanation on company letterhead is needed)
- _____ Company name and address must be consistent with the corresponding enrollment forms

Application for Small Employer Health Benefits Policy

- _____ HMO paperwork is coded **OHP**, POS/PPO paperwork is coded **OHI**
- _____ Effective date must be indicated and meet the submission deadline
- _____ Group name and address are clearly identified and are consistent with the binder check and corresponding forms
- _____ Name of correspondent must be consistent throughout the submission
- _____ Employer contribution (at least 10% of the yearly premium), type of organization, nature of business, Tax ID #, # of eligible employees and the # of those to be insured, COBRA inquiry etc. must be completed
- _____ Section II of the SEH Policy, must indicate the precise plan and must match original quote
- _____ Section III of the SEH Policy must be answered as thoroughly as possible as the answers to questions 1 to 4 will be taken into consideration when Oxford Health Plans reviews the groups for a pre-existing conditions clause
- _____ The Broker of Record must sign in Section IV of the SEH Policy and indicate Oxford broker code
- _____ Section V must be reviewed, signed and dated by an Officer, Partner, or Proprietor and a witness

New Jersey Small Employer Certification

- _____ Employer name and address must be completed and consistent with all corresponding forms
- _____ All employees (Full time, Part time, Temporary, Independent Contractor, Totally Disabled Employee, Continuee under state or federal law) must be listed with their job title, date of employment, hours worked per week, status, and state work location
- _____ The date of hire and date of birth must contain the month, day and year
- _____ The certification form must be completed, signed, and dated by an Officer, Partner, or Owner **and** witness certifying that they qualify as a Small Employer in the State of New Jersey

Most Recent WR-30 (State Quarterly Wage Report)*

- _____ Mandatory for all groups regardless of size
- _____ All employees appearing on the report are identified (e.g., enrolling, waiving, part-time, terminated or not eligible)
- _____ For an established business, a WR-30 must be submitted along with payroll verification for anyone not listed on the report.
- _____ For a newly formed company without a WR-30, a copy of the business registration with their local county or a letter from the firm's accountant.

**Please note that Oxford Health Plans reserves the right to request any further documentation to prove the legitimacy of the group's small employer status in New Jersey.*

Recent Prior Carrier Bill

- _____ Must list employees
- _____ Bill must be within 3 months of requested effective date

Philadelphia Benefits created this checklist as a guide. The carrier has the right to request additional information at any time during the enrollment and underwriting process.

Employee Applications

- _____ Employee's name, address, phone number, date of birth, gender, social security number, hire date and coverage selection are clearly identified
- _____ Dependent names, gender, dates of birth, relationship to employee and social security number are clearly identified
- _____ Student verification if applicable
- _____ Group information is complete
- _____ Employee signature and date
- _____ Employer signature and date

Waivers

- _____ Provide carrier name & policy number
- _____ Employee must indicate reason for waiving coverage and sign bottom portion
- _____ Please note that legitimate waivers count towards a group's 75% participation requirement for Small Employer Health Benefits in NJ.

Copy of sold rate quote

- _____ Must be approved by an Officer, Partner or Owner of the group

Prior Carrier Termination letter (if through Philadelphia Benefits LLC)

****Please be advised that these deadlines and requirements are for Oxford Health Plans Insurance Company new business submissions only. There is a separate checklist and different requirements for Oxford Health Plans existing business.**