



THANK YOU FOR YOUR BUSINESS!

Broker Name _____ Agency _____

Phone Number: _____ FaxNumber: _____ Email: _____

Group Name _____

Effective Date _____

Contact for questions: _____

Ph# _____ Email: _____

DUE IN MHealth SALES OFFICE BY THE 5TH OF THE MONTH

SOLD SMALL GROUP CHECK-OFF LIST

- 1. Completed 2-99 Group Employer Application Signed by Group and Agent
- 2. Copy of Sold Quote
- 3. First month's premium check attached made out to MHealth
- 4. Completed and signed 2-99 Small Group Employee Applications for full-time employees
 - Waivers
 - Have all employees been accounted for?
- 5. Copy of the most recent Wage and Tax Report filed with TWC identifying terminations and part-time employees, a W-4 or 1099 for each employee
- 6. Copy of the latest billing statement from current carrier
- 7. Verify 75% enrollment
- 8. Is Broker Appointed with MHealth?
- 9. MHealth Cobra and Medicare Questionnaire

Please contact Michelle Schneider @ MHealth for assistance.

713-338-6916 or email

michelle.schneider@mhealthbenefits.org