

HealthChoice of Michigan New Business Enrollment Checklist

Company Name: _____

Requested Effective Date: _____

Contact Person: _____

Please provide all documents listed below to enroll a New Business Group

- ☐ Small Business Group Eligibility Requirements Form
- ☐ Group Operating Form
- ☐ Dental/Vision Rider
- ☐ Employee Subscriber Application Form
- ☐ PCP Designation Form
- ☐ Employee's Michigan Picture ID (drivers license)
- ☐ Most Recent Employee Payroll Stubs (2)
- ☐ 1st Months Premium Check from Group made payable to HealthChoice of Michigan OR HealthChoice Recurring payment form

When submitting a paper copy of group application, please provide one additional copy.

Possible Additional or Alternative Forms

- Payroll stubs can be replaced with the most recent-Employers State Wage/Tax Reporting Form
- Enrollment Waiver Form/s for any employee/s waiving coverage

Additional Comments:



Employer Enrollment Guide

Employee Enrollment (Required Information)

1. All enrollment information **must** be submitted on or before the 15th of the month to be processed for the following month.
2. A HealthChoice Subscriber Application Form must be completed within 90 days of the employee's hire date. Employees with a hire date more than 90 days must enroll when the company starts **coverage, have a qualifying event within 60 days**, or wait until the next HealthChoice open enrollment period. (Starting every October with eligible employees effective the upcoming January)
3. Be without any other type of health care; Medicaid, State Spenddown, BCBS, HAP etc. upon acceptance into the HealthChoice of Michigan Plan.
4. Two (2) consecutive printed payroll stubs issued within the last two (2) pay periods or an employer's most recent quarterly wage/tax report will be accepted. Voided checks are not acceptable.
5. A copy of the employee's State of Michigan driver's license or State identification.

Spouse/Dependent Enrollment (Required Information)

1. A HealthChoice Subscriber Application Form **must** be completed with spouse/dependent information.
2. If enrolling a spouse, a marriage certificate must accompany the application.
(WITHIN 60 DAYS OF marriage)
3. If enrolling a dependent a birth certificate, adoption certificate, or court ordered document of legal custody must accompany the application. (WITHIN 60 DAYS OF BIRTH)

Add and/or Change

1. All requests for changes to employee information (address, name, etc.) **must** be on a HealthChoice Subscriber Application Form and submitted by the 15th of the month to be processed for the following month.

Disenrollment/Termination

1. All termination information **must** be submitted on a HealthChoice Subscriber Application Form on or before the 15th of the month to be processed for the following month.
2. Cross off the name of the member on the current invoice and subtract their payment from the invoice.