

**PHYSICIANS PLUS INSURANCE CORPORATION  
NEW GROUP CHECKLIST**

**DATE:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

\_\_\_\_\_ **EMPLOYER FORM**

\_\_\_\_\_ **EMPLOYER GROUP APPLICATION FOR HMO OR POS**

\_\_\_\_\_ **DISCLOSURE FORMS (2)**

\_\_\_\_\_ **MOST RECENT WAGE AND TAX WITH COVER PAGE (IF NO  
WAGE AND TAX FORM SEE GUIDELINES)**

\_\_\_\_\_ **UNIFORM APPLICATION FROM EACH FULL TIME EMPLOYEE  
APPLYING. (IF EMPLOYEE IS APPLYING, BUT WAIVING SPOUSE  
OR DEPENDENT CHILDREN, SIGN PG 4 OF THE APPLICATION.)**

\_\_\_\_\_ **WAIVER FORMS FROM EACH FULL TIME EMPLOYEE WAIVING  
COVERAGE.**

\_\_\_\_\_ **PRIOR CARRIER BILL**

\_\_\_\_\_ **BINDER CHECK**

**GROUP MUST BE COMPLETE AND READY TO SUBMIT TO UNDERWRITING  
BY THE 10<sup>TH</sup> OF THE MONTH PRIOR TO THE EFFECTIVE DATE.**