



GUARDIAN™ Health Net®

SMALL GROUP SALES

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Lehigh Valley, PA 18002-6065
OR
1560 Valley Center Parkway – B419
Bethlehem, PA 18017
Phone: 800-356-5808
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NEW BUSINESS SUBMISSION CHECKLIST CONNECTICUT

- **MASTER APPLICATION** (Form No. GG-012089 CT) application for a plan of Insurance/Plan Specifications
 - * Completed, signed and dated
 - * Include all plan benefit and rate information
- **ENROLLMENT FORMS** (Form No. GG-013618 CT)
 - * Completed, signed and dated (same form for enrollees and waivers)
- **WT4B – QUARTERLY WAGE STATEMENT** or K-1's
- **ADMINISTRATIVE PROVISIONS DOCUMENT-** (Form HCSCTEMP)
- **GUARD-O-MATIC** (Form No. GG-414) Required on all 2 Life cases
 - * Electronic Fund Transfer, Pre-Authorized Debit Plan
- **DEPOSIT CHECK** – One month's premium
- **QUOTED BENEFIT AND RATE INFORMATION**
 - * Copy of Proposal Partner/Benefit Rate Sheet used to quote

NOTE: Missing items could cause a delay in the effective date of a case.