



GUARDIANSM Health Net[®]

SMALL GROUP SALES

P.O. Box 26065

Lehigh Valley, PA 18002-6065

OR

1560 Valley Center Parkway – B419

Bethlehem, PA 18017

Phone: 800-356-5808

Fax: 800-562-4859

NEW BUSINESS SUBMISSION CHECKLIST NEW JERSEY

- **MASTER APPLICATION** (Form Appolicy) application for a small Employer Health Benefits Policy
 - * Completed, signed and dated
 - * Include all plan benefit information
- **ENROLLMENT FORMS (HMO and POS)** enrollment application and change form (GG-013618NJ)
 - * Completed, signed and dated
 - * If waiving, NJ Waiver – Small Employer Health Benefits Waiver of Coverage
- **NEW JERSEY SMALL EMPLOYER CERTIFICATION** – (njcert)
- Completed, Signed and dated
- **QUOTED BENEFIT AND RATE INFORMATION**
 - * Copy of Proposal Partner/Benefit Rate Sheet used to quote
- **DEPOSIT CHECK** – One month's premium
- **OPTIONAL** – Guard-O-Matic Application (Form No. GG-414)
 - * Electronic Transfer – Pre Authorized Debit Plan

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