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| **Enrollment Options for Commercial Groups** | |
| **Enrollment Method** | **Overview and Process** |
|  | * **Use for initial enrollment of NEW small group members only.** For NEW large groups, contact your sales executive. For ongoing changes and renewals, please see the next option down. * The templates are named with the year that corresponds to the benefit plan year. **Select the template that corresponds to the group’s plan effective date to ensure you have the correct benefit plans.** * Enter Account Name in cell 1D and Account TIN in cell 2D. * Enter subscriber and dependent data using the format specified in each column.   + If pasting data from another source document, use the “Paste Special” excel functionality and “Paste Values” to preserve the required formatting. * Complete all required fields as outlined / shaded in pink. Once data is entered, the cell will turn white to denote completion.   + NOTE: when entering dependent data, the subscriber SSN must be entered to associate the subscriber to dependent(s). * The Benefit Plan Metal Tier will narrow down the benefit plan picklist. * Save the spreadsheet using the below naming convention:   + Account #\_Group Name Enrollment File\_Date (Example: 12345\_ABC Company Enrollment File\_09292021). * Email completed file and/or direct questions to [Sales.Administration@Independenthealth.com](mailto:Sales.Administration@Independenthealth.com) * Once the spreadsheet is processed any additional new members and /or changes will need to be submitted via another enrollment option outlined below. * COBRA applicants need to be sent in via **paper** application. * **This file will be processed automatically onto our core enrollment system. Please perform a quality assurance check on data prior to submitting.** |
|  | * **Use for large and small group renewals and/or ongoing enrollment changes.** * Enter subscriber and dependent data using the format specified in each column. Several columns have picklists available. * Complete all required fields as outlined in the column header.   + NOTE: when entering dependent data, the subscriber SSN must be entered to associate the subscriber to dependent(s). * Email completed file to [Enroll@Independenthealth.com](mailto:Enroll@Independenthealth.com) * COBRA applicants need to be sent in via **paper** application. |
| **DocuSign Employer Sponsored Enrollment Application** | * The workflow within this option is between the employer contact and the employee; submitted directly to IH upon completion. * Group contact emails the hyperlink button to all eligible employees including the name and email address of the group administrator or contact who will review and initial the completed application. * Employee completes form and it automatically routes to the group administrator. * Group Administrator receives an email notification when there is an application ready for review and sign off. * Group Administrator clicks on “Review Document”, then clicks “Continue”. * Group Administrator clicks on “Initial” then “Adopt and Initial” and “Finish” at top of screen. * The document automatically routes to Independent Health for processing. * There is an option to convert the completed application to pdf which will allow the Group Administrator to send it to their broker if desired. |
| **Paper Enrollment Application & Change Form** | * Type all required information for subscriber and dependents as applicable. * Must be printed and signed (typed signatures are not accepted). * Group Administrator must review and initial completed form. * Form can be scanned and emailed to [Enroll@independenthealth.com](mailto:Enroll@independenthealth.com) or mailed via USPS (not recommended). |
| **EDI 834** | * Requires 60-90 days to implement a new EDI 834 enrollment file once account and plan selections are finalized. * Timeframe is dependent upon readiness and support model of the accounts’ 834 vendor. * Contact your Account Manager to initiate the process. |