

# CIGNA HEALTHCARE OF CONNECTICUT NEW GROUP CHECKLIST

- Connecticut Small Group Employer Application
- Small Business Underwriting Questionnaire
- Census Listing
- Check payable to Cigna Healthcare of Connecticut for first months Premium
- Membership Application for each employee enrolling in the plan (**Section F, must be signed by the company representative on each application. Our Enrollment Department Will not process an application without both the employee's signature and the signature of an authorized representative**)
- Family Health Statement Form for each employee enrolling in the plan
- A Cigna Healthcare of Connecticut Wavier Form for each employee waiving coverage (**employees waiving coverage due to coverage elsewhere must also submit a copy of their current ID card**)
- Proof of business (Copy of Employer Quarterly Earnings Report or Schedule C)
- Copy of recent premium Statement from prior carrier
- A Compensation Acknowledgement Form (CAF- 4) must be submitted for all New Business (Only if there is a broker on the account)
- A Customer Acknowledgement Form (CAF-1) must be submitted for all New Business (Only if there is a broker on the account)