



P.O. BOX 32625
SHREVEPORT, LOUISIANA 71130-2625

NEW GROUP CHECKLIST

NAME OF GROUP: _____

REQUESTED EFFECTIVE DATE: _____

1. COMPLETED EMPLOYER APPLICATION
2. COMPLETED MEMBER APPLICATIONS - completed by employee in ink
No whiteout or pencil.
All changes to be crossed out and initialed by employee.
3. COPY OF MOST RECENT STATE OF LOUISIANA QUARTERLY
WAGE & TAX (#LDOL-ES4 Pages 1 & 2)
Only groups with 2-49 employees
4. COPY OF MOST RECENT PRIOR CARRIER'S BILLING
5. QUOTE SHEET – PLAN SELECTION (Initialed)
6. PRE AUTHORIZATION LISTING (Signed & Dated)
7. CHECK FOR THE FIRST MONTH'S PREMIUM \$ _____
(Required when Group accepts proposal)
8. GROUP AGREEMENT (Signed & Dated)
(Required when Group accepts proposal)

BROKER NAME: _____

DATE: _____