

New Group Checklist

- ☐ Group Master Application
- ☐ Signed Enrollment Form from each Employee
- ☐ DE9C - Small Group Only; please indicate the appropriate code next to each employee's name
 - **E** - eligible and enrolling
 - **W** - eligible and waiving for other group or individual coverage
- ☐ Proof of Ownership (*only if business owner is enrolling in the Plan(s)*)
- ☐ Deposit Check (*or ACH Direct Deposit Form*) made out to MediExcel Health Plan for the first month's premium.

Please submit Completed Cases to rfp@mediexcel.com.

For sales related questions, please email sales@mediexcel.com or call us at (619) 421-1659.

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