

# COSE Benefit Plan Sold Case Pre-Submission Review Form



This form must accompany sold case submission documents and be signed and dated by an agency representative. The signature acknowledges that the materials have been thoroughly reviewed and that incomplete submissions can be pulled from the sold group queue and returned to the agency for reconsideration and resubmission. We appreciate your attention to detail as it helps us process your group efficiently and improves processing times. Thanks for your cooperation!

**Please assemble or confirm the existence of the following documents and confirm that you have reviewed each in accordance with the information contained within this document as it relates to each:**

	Initial	Date
A. <b>Employer group application</b> (Reconcile total employees, total eligible and total enrolling on Page 2 of ER application in lieu of tax documentation for groups of 2 or more)		
B. <b>Employee applications / waivers</b>		
C. <b>Tax documentation</b> required for groups of 1 eligible and 1 enrolling (see attached pages for acceptable document types)		
D. <b>Self-employed individual affidavit</b> (if applicable) and alternative tax documents for enrollees who don't appear on the wage and tax (e.g., owners, partners, etc.)		
E. <b>Copy of signed proposal pages for all plans sold</b> (medical and ancillary)		
F. <b>Most recent prior carrier billing statement</b> (if applicable)		
G. <b>Medicare exception form</b> (if applicable)		
H. <b>EFT form and voided check</b> for groups electing EFT		
I. <b>COBRA Addendum</b> when declining COBRA Administration (if applicable)		
Is the group COBRA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>yes</b> , does the group want to utilize COBRA Options through Medical Mutual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>no</b> , please provide a COBRA Addendum to waive this service.		
<b>Authorization</b>		
Agency Representative Signature		Date

**Groups are due prior to the effective date, but we will accept submissions that are 100% complete up until the 5th of each month.**

**Please note that if your submission is deemed to be incomplete and is returned, it will lose its place in the sold group queue and the proposal effective date could be in jeopardy.**

By signing the group application, brokers and their client are (1) attesting that all participation and eligibility requirements are satisfied as stated in the COSE Benefit Plan (MEWA) compliance guide, and (2) attesting to the understanding that any intentional misrepresentation of material fact or fraudulent statement may result in the rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date and/or other consequences permitted by law.

Groups may be subject to audit, and Medical Mutual reserves the right to request and review payroll and/or other documents confirming compliance.

Groups of 1 (with 1 eligible and 1 enrolling employee) will still require wage and tax documentation along with the currently required affidavit.

## **A. Employer Group Application**

Please review each section to confirm that all fields have been completed in full and the information is legible and accurate.

### **Section 1**

Please review to confirm that all fields have been completed in full.

Note: a chamber membership number can be provided after the group has been approved. The approval letter will be released after receipt of this membership number.

### **Section 2**

Please pay specific attention to the following common errors:

- Minimum Hour Requirement is 20 with a maximum of 30.
- Probationary Period checked for both new hires AND rehires.
- Employer contributions completed.  
Note: Medical Mutual requires a minimum 50 percent employer contribution for the employee's single cost of coverage.
- Participation Numbers  
Reconcile total employees, total eligible and total enrolling. Be sure you consider the number of full-time applications and waivers and that they equal what is reflected on the group application.

### **Section 3**

Make sure the question is answered and that if the answer is YES, the applicable employee's application(s) have been updated to reflect the additional information. If resubmitting the applications through FormFire, please make sure to use the comment section and include the specifics as it relates to what is changing and for whom.

### **Section 4**

Please make sure all product options the group wants installed are properly marked. Remember, we will only set up and maintain a plan that has at least one active enrollee. Please make sure to include a signed rate page from the proposal for each product selected.

### **Section 5**

If the group has chosen to offer a QHDHP, Medical Mutual can provide HSA banking support if desired. If checked YES, please make sure to include the additional set-up documents. Contact your sales consultant if you have questions about necessary documents.

### **Section 6**

- Employer Funding  
Self-explanatory
- Life and Disability  
If coverage is desired, make sure the appropriate boxes are checked for each product and the waiting periods, contributions and elimination periods have been properly completed. Make sure to include a signed copy of the proposal page(s) reflecting the rates and benefits for the plan(s) to be installed.

### **Section 7**

Please provide prior carrier specifics or mark NONE if there is no previous coverage.

### **Section 9**

Please ensure that the group official completes and signs where indicated and that the broker data is also included.

Please note that while the form requests the agency TIN, it is helpful if you also include the producer's SSN.

## **B. Employee Applications**

Please confirm that the census has not changed from the pre-screen review and that we have the applications and waivers needed based on the data reflected on the employer application and tax documents. You should address any inconsistencies with the numbers. Please remember that ANY change in enrollment can, and likely will, result in a change in the rates.

If the group is offering multiple plans, we will need to know the specifics as it relates to each person's product choices. This can be done in two ways: (1) by having each person go back into FormFire to update their application; or (2) you can provide a spreadsheet that includes each employee enrolling, their SSN, the medical plan of choice, and details about ancillary enrollment, if applicable.

### **C. Wage and tax and other tax document review**

Please “reconcile” the quarterly wage and tax. Next to each employee listed on the CURRENT quarterly wage/tax please make a notation as to their status. For example: FT (fulltime), PT (part-time), T (termed), S (seasonal) or W (waiver).

Please consider those FT employees/owners who may not appear on the Wage/Tax and make sure we understand why. For example, a new-hire DOH on their application supports their absence from the quarterly Wage/Tax document; or an owner or partner who is not paid W-2 wages but for whom you’ve supplied alternative documents such as a K-1 or Schedule C. You are welcome to write notes at the bottom of the wage/tax to list new hires, including their DOH, owners, additional documents provided, etc.

### **D. Self-Employed Individual Affidavit (Groups of one)**

Not needed if one of the following is applicable:

- When there are W2 wages for an employee other than the owner, i.e. (part time employees).
- When a quarterly wage and tax report is available.
- Husband and wife only business where one of them shows up on quarterly reports as a W2 employee.
- If tax forms provide evidence of full-time business revenue.

### **E. Medicare Primary Registration Form**

This form is a person-specific form and is requested under the following conditions:

- Group’s total employee population is under 20 (Medicare is primary).
- Group has working-age, Medicare-eligible enrollees (age 65+) who have Medicare parts A and B.
- Each 65+ working-age Medicare enrollee needs to complete the form.

## Small Group Tax Documents for Each Business Type

Some (or all) of the below tax documentation for the appropriate business type for your group may be required with this submission. Medical Mutual reserves the right to request additional documentation for eligibility determination.

Business Type	Documentation Requirement
C Corporation	<ul style="list-style-type: none"> <li>▪ Ohio—ODJFS Wage Detail (Form JFS 20125) or quarterly payroll report (required for W-2 employees)</li> <li>▪ Form 1120</li> </ul>
S Corporation	<ul style="list-style-type: none"> <li>▪ Ohio—ODJFS Wage Detail (Form JFS 20125) or quarterly payroll report (same wage reports as C Corporations for any salaried employees)</li> <li>▪ K-1 (Form 1120S)</li> </ul>
Partnership	<ul style="list-style-type: none"> <li>▪ Ohio—ODJFS Wage Detail (Form JFS 20125) or quarterly payroll report (same wage reports as C Corporations for any salaried employees)</li> <li>▪ Schedule SE (self-employment tax)</li> <li>▪ K-1 (Form 1065) Partnership Return</li> </ul>
Limited Liability Company (LLC)	<ul style="list-style-type: none"> <li>▪ May file as either a C Corporation or Partnership (refer to above)</li> <li>▪ Individual LLC—Form 1040, Schedule C, E or F</li> <li>▪ Corporation LLC—Form 1120</li> <li>▪ K-1 (Form 1120S)</li> <li>▪ Multiple Member LLC with more than one member—K-1 (Form 1065) for all members</li> </ul>
Sole Proprietorship	<ul style="list-style-type: none"> <li>▪ Schedule SE and Schedule C filed with Form 1040 (tax return)</li> <li>▪ Form 1040 Schedule F</li> <li>▪ K-1 (Form 1120S)</li> </ul> <p>Note: Can pull transcripts confirming a return was filed (Form 4506)</p>
Independent Contractor	<ul style="list-style-type: none"> <li>▪ Form 1099 for each contractor (subject to eligibility and participation requirements)</li> <li>▪ Schedule SE and Schedule C filed with Form 1040 (tax return)</li> </ul> <p>Note: Can pull transcripts confirming a return was filed (Form 4506)</p>
Farm/Agricultural Business	<ul style="list-style-type: none"> <li>▪ Form 1040 and Schedule F</li> <li>▪ K-1 and same wage reports as C Corporations for any salaried employees</li> <li>▪ W-2(s) with W-3</li> </ul>
Non-profit Organization	<ul style="list-style-type: none"> <li>▪ Form 940</li> <li>▪ Form 990 and W-2(s) with W-3</li> <li>▪ Quarterly payroll register for any salaried employees (if no wage and tax)</li> </ul>
Church or Ministries	<ul style="list-style-type: none"> <li>▪ Form 941</li> <li>▪ Form 990 and W-2(s) with W-3</li> <li>▪ Quarterly payroll register for any salaried employees (if no wage and tax)</li> </ul>
In Business less than 6 months	<ul style="list-style-type: none"> <li>▪ Affidavit</li> <li>▪ Articles of Incorporation or Articles of Organization</li> </ul> <p>Note: To be used only for a group that has been in business less than six months (if greater than six months a quarterly wage report should be available). The affidavit must be signed/notarized (notary expiration date/state must be included). If a group has employees, they should have filed a form SS-4 (application for EIN (employer identification number)) with the IRS. Upon acceptance, the IRS sends a Form CP575 (document confirming acceptance of the SS-4 application). If the group does not have Form CP575 they can request a replacement form. The IRS will issue Form 147C as proof of EIN.</p>

## Miscellaneous Document Issues

Other Eligible Employees	Documentation Requirement
Retirees	Retirees should be written on quarterly wage report and identified as Retirees. Additionally, retirees should appear on the prior carrier bill (see Retiree Requirements).
COBRA/State Continuant	COBRA or state continuant should be written on the quarterly wage report and identified as COBRA or state continuant. Members in this situation should be included with initial submission and the start date of their continuation coverage should be noted. These subscribers should also appear on the prior carrier bill.
New Hires	New hires should be written in on the quarterly wage report. Their employment status (full-time, part-time, etc.) should be included along with date of hire and wage and weeks worked information.

## Submitting Tax Documents

- All tax documents submitted should be the most recent quarterly filing in its entirety.
- All tax documents should be reconciled, clearly identifying employee's status: full-time, part-time, seasonal, terminated, etc.
- No information should be redacted on submitted documents.

Quarter	Due Date
1st Quarter	Due by April 30
2nd Quarter	Due by July 31
3rd Quarter	Due by October 31
4th Quarter	Due by January 31

## Tax Documents Definitions

Tax Document	Definition
Schedule C (Form 1040)	Filed by <b>Sole Proprietors</b> that have had business income to report.  This form verifies the business exists and verifies its name. Line 1 (Gross Receipts) should show a reasonable amount to support a full-time activity in a business. Line 26 (Wages) verifies if there are other employees of the business. If there are wages listed, the business should have filed an ODJFS Wage Detail form.
Form 1065 & K-1	Filed by <b>Partnerships</b> .  Line 1 (Gross Receipts) should show a reasonable amount to support full-time activity in a business. Line 9 (Wages) verifies if there are other employees of the business. If there are wages listed, the business should have filed an ODJFS Wage Detail form. Accompanying K-1 forms should be obtained to confirm the compensation of the partners. There should be a K-1 for each partner listing percent of ownership, totaling 100 percent.  Note: A K-1 does not mean the partner is actively working full time.
Form 1120S & K-1	This form is filed by <b>S Corporation</b> .  This form and accompanying K-1s for each partner listing percent of ownership, totaling 100 percent.  Note: A K-1 does not mean that the partner is actively working full-time.
Form 1120	This form is filed by <b>C Corporation</b> .  This form verifies the business income and activity of a C Corporation.
SS-4 or W-9	Filed with IRS—Application for EIN for Sole Proprietors, Corporations, Partnerships, Estates and Trusts to establish business tax account.
CP-575	Letter received from the IRS granting EIN (as on record), in lieu of the IRS Form CP-575, any official correspondence such as a quarterly tax payment coupon from the IRS showing the name of the entities as shown on the application and the EIN.
Form 147C	A replacement form sent by the IRS confirming business owner's EIN.
Form 1095-A	Health insurance carriers furnish this form to the IRS to report certain information about individuals enrolled in a qualified health plan (Minimal Essential Coverage).
Form 940	Employer's Annual Federal Unemployment (FUTA) Tax Return. Must be filed if an employer paid wages of at least \$1,500 to any employee during a standard calendar year. Businesses must also file Form 940 if they had any employee (temporary, part-time, or full-time) work any time for 20 or more weeks. The 20 weeks do not need to be consecutive.  Note: Agricultural business must file Form 940 if they paid at least \$20,000 in wages. Farmers must file Form 940 if they employed 10 or more workers during any part of the day for 10 different weeks or more.
Form 941	Employer's Quarterly Federal Tax Return. Must be filed by a business that pays wages to an employee each quarter and must continue to do so even if there are no employees during some of the quarters. The only exceptions to this filing requirement are for seasonal employers who do not pay employee wages during one or more quarters, employers of household employees and employers for agricultural employees.