

COSE Benefit Plan Transition Checklist



Thank you for choosing to enroll in the COSE Benefit Plan. If any items are missing or incomplete, it may jeopardize the effective date requested.

Please complete the information below and send to SoldGroups@MedMutual.com.

General Information		
Current Group Name		Current Group Number
Employer Contact Name	Current Chamber Name	Current Chamber Number
Broker Name	Agency Name	

Submission Requirements

- COSE Benefit Plan group application
- Signed rate sheet(s)
- Medical elections if offering dual or triple option (Excel instructions attached)
- Electronic Fund Transfer form
- HRA and/or HSA set up material (if applicable)
- Medicare Primary Registration Documentation if:
 - Group has fewer than 20 employees, and
 - Group has a working employee age 65 or older, or a working employee with a spouse age 65 or older

Authorization	
Broker Signature	Date
Owner or Human Resources Lead I acknowledge that we have read reviewed the COSE Benefit Plan compliance guide and fully understand the change in funding types from our current coverage to the COSE Benefit Plan. I have notified participating employees of these changes.	
Owner/HR Lead Signature	Date