



New Group Medical Submission Checklist

- Completed Employer/Group Application** – Employer also needs to sign the Association and Trust Membership Agreement located in the back of the application.
- Completed Employee Enrollment Application** – Submit an application for all eligible employees who normally work at least 30 hours per week.
Special Note – If the employer is applying simultaneously for a BEST Life Medical Plan and a BEST Life Dental Plan, only the Medical Plan enrollment application must be completed.
- Quarterly Wage Report** — Please indicate on the Quarterly Wage Report which employees are full-time (FT), part-time (PT), seasonal (S), in their waiting period (WP), waiving coverage (W). Provide current payroll for all full-time eligible new hires not appearing on the wage report.
- Please Indicate** the names of eligible owners or partners who do not appear on the quarterly wage report and provide completed Owner/Partner Statements.
- Proof of Prior Coverage** – Please submit the most recent invoice indicating each employee’s original effective date of coverage.
- Employer Check** payable to BEST Life and Health Company for the first month’s estimated monthly cost.
- Completed Benefit Representative Statement** located on the back of the employer/group application
- A Copy of your Medical Proposal**

Mail all the above items directly to:

BEST Life and Health Insurance Company

**Attn: New Group Submission, P.O. Box 19721, Irvine, CA 92623-9721 or
2505 McCabe Way, Irvine, CA 92614**

Call 800-433-0088 or 888-210-BEST with questions.