



NEW CASE SETUP QUESTIONS & CHECKLIST

1. Full legal name of company: _____
Street Address: _____
City: _____ State: _____ Zip: _____
2. Shipping Address if different from above: _____
Street Address: _____
City: _____ State: _____ Zip: _____
3. Tax ID # of the company: _____
4. Company Type (C-Corp, S-Corp, LLC, etc.): _____
5. ERISA Compliant: Yes No ERISA Year start date: _____
6. Any Subsidiaries: Yes No If yes, list with % ownership: _____
7. Grandfathered status: Yes No
8. Plan administrator name and contact info:
Name: _____
Official Title: _____ Phone: _____
Temporary 4 digit PIN for Portal Access: _____ Email address: _____
Legal/formal contact: Yes No
If no, who is the legal/formal contact? _____ Phone: _____
Temporary 4 digit PIN for Portal Access: _____ Email address: _____
Official Title: _____
Is COBRA contact same as plan administrator? Yes No
If no: Temporary 4 digit PIN for Portal Access: _____ Email address: _____
9. Any additional Client Resources Portal (administrative website) users' contact info?
Name: _____
Official Title: _____ Phone: _____
Temporary 4 digit PIN for Portal Access: _____ Email address: _____
10. Are retirees covered? Yes No
11. What is the employer contribution strategy for plans offered through Cigna?
Medical: EE% _____ DEP: _____ Dental: EE% _____ DEP: _____ Vision: EE% _____ DEP: _____
12. Reinstatement Rules: Standard 3 months Non-Standard Days Months No Reinstatement

13. Do you contribute toward a Health Savings Account (HSA) or Health Reimbursement Account (HRA) for your employer? Yes No
14. Are domestic Partners to be eligible for coverage? Yes No
 Same and/or opposite sex? Same Opposite sex Both
15. How long do new hires have to wait before becoming eligible? _____
16. Termination Date: Last day of the month Date of termination
17. When will COBRA benefits begin?
 Date of qualifying coverage (End of month of termination)
 Loss of coverage (Date of termination)
18. Are there currently any members on COBRA? Yes No If yes, how many? _____
19. Does the waiting period apply to initial enrollment? Yes No
20. Are there separate eligibility requirements for potential different classes/divisions of employees? Yes No
21. If yes, please describe in detail: _____
22. Is divisional billing required (each division must have at least 25 employees)? Yes No
 If yes, please describe in detail: _____
23. Do you have any non-English speaking employees? Yes No If yes, what languages? _____
24. Name of prior carrier _____ Year with prior carrier: _____
 Type of plan(s) _____ Reason for leaving carrier(s) _____
25. Co. name to appear on ID cards (32 character limit including spaces): _____
26. Banking information required for monthly ACH transfer:
 Bank name: _____ Address: _____
 Account #: _____ ACH transit #: _____
 Exact name of bank account: _____
 Checking Savings

Please note following checklist of items will be needed in order to complete implementation. More information will be provided during Cigna's welcome call:

- Voided check (for account to be used for monthly funds transfers) or Micro-encoding sheet from bank
- Deposit check
- DES Spreadsheet (SS#, DOB, DOH, etc.)
- Completed/signed signature pages (returned along with items listed above)