

LARGE GROUP ENROLLMENT CHECKLIST



To enroll your group, please have the following ready:

Forms	Completed?
Member Enrollment Form	<input type="checkbox"/>
Large Group Application Form	<input type="checkbox"/>
Web Authorization Form	<input type="checkbox"/>
HIPAA Business Associate Form	<input type="checkbox"/>
Deposit Check (Applies to 1st month's premium)	<input type="checkbox"/>

Need help with completing this checklist?

We are here to help. Please contact your Tufts Health Plan sales or account representative. For general questions, please call 800.419.1000. Our fax number is 617.923.5880.