

RHODE ISLAND NEW CASE SUBMISSION CHECKLIST



To help you set up your Tufts Health Plan coverage, simply submit the items listed below.

Tufts Health Plan must receive all proposed sold account paperwork 10 business days prior to the requested effective date.

- Small Group Employer Application completed in full
- All Member Enrollment Forms completed in full
- Most recent Wage and Tax documents (properly coded: enrolled, waived, PT, etc.) or Third party payroll report (properly coded: enrolled, waived, PT, etc.)
- Most recent documentation of all owners (Sched C, Sched K1, or 1120S)
*May request a census
- Small Business Attestation
(This form can be submitted when Wage and Tax documents are not required to be filed.)
- Signed Waiver Forms from each member waiving coverage
- Initial Deposit ACH Form completed in full, and
- Voided business check or clear image of voided business check with the completed initial deposit ACH form
- Or, a binder check for first month's premium
- Pediatric Dental Attestation Form: (Complete and sign if the group offers a Pedi-Dental compliant plan with another carrier and wishes to opt out of Tufts Health Plan pediatric dental coverage.)

Please send all paperwork to:

Tufts Health Plan - New Business Sales Operations
Attn: Lori Ann Ball
75 Fountain Street, Ste 100
Providence, RI. 02903

SMALL GROUP CHECKLIST



Guidelines for Small Employer Group Application completion: The entire application must be completed in full and signed.

- Page 1, Section 1: Tax ID – Ensure this is filled in accurately, this is a nine digit numeric field.
- Page 2, section 3: If the group elects “No” to the question “On the original effective date do you wish to waive the waiting period for all eligible employees?” The Date of Hire section must be completed on each individual employee application.
- Page 3, section 3: If there are COBRA members then the grid must be completed, including: Name, Type of Continuation, Reason for Continuation, and the Start and End Date of Continuation. Member enrollment forms are required to be submitted for all COBRA members.

Guidelines for Member Enrollment Form completion

- A physical residential address is required; a P.O. Box will not be accepted other than for a mailing address.
- The company address cannot be listed as an employee’s residential address; the actual residential address is required.
 - If the employee does live at the company address then a copy of the front and back of their driver’s license is required to be sent in with their member application.
- All member enrollment forms must be signed and dated at the bottom. Plan selection should also be noted on each application.
- HMO enrollees must include their primary care name; otherwise they will only be covered for Emergency coverage until one is selected.
- As noted above, if the group does not wish to waive the waiting period on the original effective date then the Date of Hire must be listed on every employee’s application.
- All dates of birth must be legible to ensure timely enrollment.
- Social security numbers are required to be listed and legible for all subscribers and dependents.
- Rhode Island Group Specific: If an employee is enrolling as an individual but indicates they are married, then Tufts Health Plan requires a spousal waiver.