

2-50 Small Group Intake Checklist

Group Name: _____

PPO Business: Needed at time of enrollment

Employee applications for each eligible employee. Visit wpshealth.com and click on the **Agents** tab. Then click on **Rate Calculators** for spreadsheet enrollment and paper applications.

Current Wisconsin Wage and Tax Statement (UC-101) with employee status indicated next to each employee's name:
FT=full-time, T=terminated, PT=part-time, W=waiving.

Quote showing sold rates and matrix—the rates and matrix need to be signed and dated.

Completed Employer Application.

Signed Disclosure Notice on rating factors and renewability provisions.

Initial monthly premium: groups that choose the direct billing option should submit their premiums with enrollment. If they choose automatic bank withdrawal, we will withdraw the first month's premium from the checking or savings account on file.

Delta Dental: Employer application

If not enrolled with medical coverage, Delta employee application for each eligible employee OR completed Delta enrollment spreadsheet

Copy of sold quote

First month's premium check made out to Delta Dental, if stand-alone; dental coverage written with WPS medical can be billed/paid for with medical

Required Tax Documents for New Group Sales

WPS requires the most recent State Quarterly Wage and Tax Statement (UC-101) for all new groups. If the group is not required to file a State Quarterly Wage and Tax Statement, all items listed under the group's specific type are required (see below).

C Corporations Articles of Incorporation Form 1120 Payroll	Sole Proprietorship Business License Form 1040/Schedule C Payroll or Draw Documentation
S Corporations Articles of Incorporation Form 1120S Payroll	Church Form 941 Payroll
Partnership Partnership Agreement Form 1065 Payroll	Limited Liability Company (LLC) LLC Agreement Documentation for C Corp or Partnership, depending on how they file with the state Payroll
New Business (hasn't filed a wage and tax report) Articles of Organization or Incorporation Payroll	Farmers (other than a corporation or partnership) Schedule F, itemization of line 24 Copies of W-2s for all employees



Send enrollments to:

Small Group Sales
 1717 W. Broadway
 Madison WI, 53713
small.group.sales@wpsic.com

