



The Chamber Health Benefits Plan Group Enrollment Checklist

Group Name:	
Effective Date:	Broker:

Please include the following paperwork / information when submitting a new Chamber Health Benefits Plan group through FormFire.

Medical Plans

- Chamber Health Benefits Plan Employer Application
 - Chamber Health Benefits Plan signed Participation Agreement
 - Chamber Health Benefits Plan’s Plan documents (product dues acknowledgement)
 - Chamber Health Benefits Plan Employee Applications
 - The Greater Akron Chamber Membership Application or proof of chamber membership
 - Census (in FormFire accepted format)
 - Census Reconciliation (FormFire Format)
 - Recent Quarterly Wage and Tax Statement supporting census reconciliation
 - Chamber Health Benefits Plan EFT Form
 - Signed rate acknowledgement
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- SummaCare requires all employer groups to have monthly payments deducted each month via Electronic Funds Transfer (EFT)
 - Annual Greater Akron Chamber (or affiliate) dues will be submitted directly, by the employer to the chamber and subsequently billed by the chamber. Monthly Plan Program Dues will be billed with Plan funding each month. The Monthly Plan Program Dues are \$6.00 PEPM

Ancillary Products

Lincoln Life Insurance

- Participation Agreement
- Beneficiary Forms