



New business submission checklist

To facilitate the enrollment process for new business, please use the following checklist.

Employer application form	
1.	• All fields completed (<i>incomplete/illegible forms will delay enrollment</i>)
2.	• Group name and address are clearly identified and consistent with the binder check and corresponding forms
3.	• The bottom portion must be signed and dated by an officer, partner or owner only
Premium payment	
4.	• Made payable to Fallon Health
5.	• Options are ACH form or binder check, equal to first month's premium
6.	• On company check stock (if check is not on company stock, an explanation on company letterhead must accompany submission)
Employee enrollment forms	
7.	• Completed, legible, and signed membership transaction forms
8.	• Employee and employer signatures are required
9.	• Coverage type identified (individual, 2 person, family)
10.	• Provider network identified
11.	• Plan/product name identified
12.	• Subscriber name, dependent names, DOBs, SS#s, address, gender(s)
13.	• List primary care physician (PCP) name
14.	• Submit top copy to Fallon, yellow copy to employer, pink copy to employees
Small group only – rate exhibit	
15.	• Small group quotes must include QuoteNow rate exhibit
16.	• Plan selection(s) circled

Questions?

Call the Broker line at 1-888-746-4823, email us at broker@fallonhealth.org, or visit fallonhealth.org/brokers.

