

VIGILANT GROUP BENEFITS NEW GROUP IMPLEMENTATION CHECKLIST

Today's Date	
Company Name	
Effective date of Vigilant coverage	

- Vigilant Participation Agreement** - This agreement is completed and signed by an officer of the company.
- Vigilant Membership Application** – This application is completed and signed by an officer of the company to initiate coverage. *Note: One version is for full membership and one is for web-based membership. If web based membership is sold, one annual fee is collected at the time of sale.*
- Vigilant Administrative Agreement** – This document is needed for non-trust COBRA services.
- New Group Set Up Form** – ***All fields must be completed.*** The function of this document is to confirm the sold plans, eligibility, billing and executive contact information, mailing address etc. Incorrect information will result in a delay or incorrect set-up of the group. This form is *required* in order to prepare an Enrollment/Change Form, Waiver Form, and Vigilant Benefits Guide.

Probationary Period: VIGILANT allows employers to waive the probationary period for all eligible employees for the initial effective date only. **Please mark the box below that applies.**

The probationary period specified in the completed **New Group Set Up Form** applies to:

- current and future employees.***
- OR
- future eligible employees only.***

- Regence Employer Center Agreement** – Completed by the employer.
- Regence Commission Agreement** – Completed for each new group by the Preferred Advisor.
- ODS On-line Agreement** – Completed by the employer.
- Life and Disability Group Application** – Completed by the employer, if applicable.
- Number of Employee Enrollment Packets:** Confirm with Vigilant the number of **Employee Benefit Packets** needed for this initial enrollment (include amount needed for new hires for the next 6 months).
- Vigilant Employee Benefits Guide:** As part of Vigilant's services for groups of 20 or more, an **Employee Benefits Guide** is available. The completed **New Group Set Up** form and, if applicable, any non-trust benefits summaries are required before we are able to complete this project. When the guide is needed for employee meetings, several days advance lead-time is necessary. ***This service is optional, and may not be possible based on time allocated for this initial enrollment.***

Your agency will be responsible to review and approve the final draft of the guide before printing.

- Employee Enrollment Applications** – Each employee must complete an application or waiver form. A copy of each completed enrollment application is required in the event our plans are audited. Other employee/dependent documents required:
 - ✓ (QMCSO) Qualified Medical Support Order, if applicable
 - ✓ (NMSN) National Medical Child Support Notice, if applicable
 - ✓ Proof of Dependency, if applicable
 - ✓ Certificate of Domestic Partnership
 - ✓ Transition of Care
 - ✓ Rx Prior Authorization Forms

- Waiver Forms** – The employer retains the form. A copy must be produced in the event of a Trust audit.

- Beneficiary Designation for Life Insurance** – Completed and signed original documents to be maintained by employer and available when requested by the Life Insurance Company.

- Regence Enrollment Spreadsheet.** All applicable fields must be completed to ensure each employee is enrolled correctly. COBRA participant information must be listed on a separate tab or designated on the spreadsheet. Only include beneficiaries eligible on the effective date of the new plan. Future eligible employees must be entered by the group manually once online access is provided to the employer.

- Premium Binder Checks (Medical, Dental, Life)** – Binder checks should be based on final enrollment, if possible. This will ensure that the first invoice from the vendors is accurate. However, do not hold up binder checks if final enrollment is delayed – an estimate will generate a first invoice with an adjustment for any differences reflected in the final enrollment.

- COBRA Takeover Form** - This form communicates to VIGILANT any eligible **and enrolled** COBRA beneficiaries who need to receive new rates and plan information. **Note:** *In the case of Oregon, for groups fewer than 20 employees, a state continuation form may be needed instead of the COBRA Take over form.*

- Deductible Report** from the previous medical or dental insurance carrier or Third Party Administrator (TPA).

- Copy of current medical/dental carrier’s invoice**, if group requires benefits by class, division, or location.

- Vigilant Employee Benefits and Human Resources Support Center** – A web-based document management and communication portal designed to assist plan administrators in the management of their Employee Benefits and Human Resources programs. Included as a Vigilant service to groups of 25 or more employees.

Preferred Advisor Agency Name	
Preferred Advisor Contact Name	
Email Address	
Phone Number	