BUSINESS HEALTH TRUST

New Group and Renewal Submission Checklist

This checklist helps ensure your submission is complete and processed without delay. Please review the section applicable to your submission type.

GROUP INFORMATION

GROUP NAME		**SUBMISSION TYPE**	☐ New group ☐ Renewal
EFFECTIVE DATE		**DATE SUBMITTED**	
INDUSTRY SIZE	☐ Premera Industry Trust (2+) ☐ Kaiser Industry Trust (2+) ☐ Kaiser Small Group (1-50)		
LINES OF COVERAGE	☐ Medical ☐ Dental ☐ Vision ☐ Life ☐ Other:		

1. NEW GROUP SUBMISSION CHECKLIST

☐ **First Month's Premium Payment**

Complete one of the following:

- Complete an EFT Authorization form; or
- Make a check payable to **BHT** and mail to BHT, PO Box 75449, Seattle, WA 98175.

Upload the EFT form or a copy of the check to AP Connect.

☐ **Group Master Application (GMA)**

Submit through AP Connect. The GMA is electronic and must be signed by both the group administrator and the producer; paper copies are not accepted. Once completed online the electronic GMA will produce a PDF copy that can be downloaded and is also stored in AP Connect.

☐ **Employee Enrollment and Waiver Forms**

A census spreadsheet or individual enrollment forms are accepted, though a census is preferred because it allows for faster processing. Upload the census or forms through AP Connect.

☐ **Endorsed Sponsor Benefit Program Application and Verification**

Complete the membership application with the Seattle Metropolitan Chamber of Commerce or other partner association. Upload a copy of it and proof of payment with the rest of the paperwork.

Note: Kaiser Small Groups can receive a complimentary Seattle Chamber Commerce membership.

☐ **Late Submission Form — Only if Submitting After the 15th**

All the above needs to be submitted prior to the 15th of the month. If any of the above is missing, a signed Late Submission Form is required. Coverage still starts on schedule, but group numbers, ID cards, portal access and initial billing may be delayed until the carrier finishes loading. Upload the form through AP Connect.

2. WHAT TO EXPECT AFTER NEW GROUP SUBMISSION

Submitting complete and accurate information gives your client the best experience. AP cannot send business to the carrier until the submission is clean; if anything is missing, someone from AP will contact you to collect it.

Once a producer submits a group, AP reviews the submission in AP Connect and confirms final rates, accounting for any census or other material changes. AP then sends all required documents electronically to Vimly, which updates its system

and transmits the data to the employer's elected carriers. Each carrier confirms that the enrollment has loaded and provides a policy number to both Vimly and AP.

When implementation is complete, the producer and employer are notified and receive the first month's invoice, along with reference materials and operational details. Medical ID cards are then issued, and members who need their ID before the card arrives can get it from carrier customer service.

Vimly then sends a Welcome email to the group contact, copying the producer. The Welcome email includes:

- Initial statement
- How to log into SIMON – billing platform where invoices can be viewed, enrollment changes can be made, and bills can be paid.
- HR Bright Hotline flyer
- Medicare Part D Creditable Coverage Notice
- Quick Start Guide

Within the SIMON Resources page:

- How Vimly COBRA Administration Works
- SIMON Authorization form (this document allows you to give SIMON access to other administrators within a company)
- EFT Authorization form
- Group Administration Guide
- Benefit Booklets
- Credible Coverage Notice (if applicable)
- How to log into SIMON

Review the invoice to confirm that every employee and benefit was captured accurately.

Producers are strongly encouraged to log in to AP Connect and download the plan summaries and booklets for their groups.

ID CARDS

COVERAGE	WHAT TO EXPECT
Premera Blue Cross and Kaiser Permanente	Physical cards are mailed within 14 days of the BHT Welcome Email and arrive separately in plain white envelopes. ID numbers cannot be sent to the group or the producer.
Delta Dental of Washington	Digital ID cards only.
Vision Service Plan	Does not issue ID cards.

DEDUCTIBLE CREDIT TRANSFER

> **NO COST — PAID BY BHT**
>
> Deductible credits transfer in full, with no individual employee forms required.
>
> Groups moving to a new plan with the same carrier through BHT have deductible credits applied automatically.
>
> If the prior carrier charges a fee to release the file, submit the request form with a copy of the payment receipt and BHT will reimburse it as a credit on the BHT invoice.

Producer instructions for submitting a deductible credit request

1. **Contact the Incumbent Carrier**
   Either the client or the producer makes the request.

2. **Choose How the File Is Obtained**
   - — **Option A (preferred):** Client or producer request report from incumbent carrier and provide to AP (which AP will then forward to new carrier)
   - — **Option B:** The incumbent carrier provides the file directly to AP (which AP will then forward to new carrier)

3. **Send the File to AP**
   The client or producer submits a secure email to bht@advancedprofessionals.com, including the prior group number. AP will facilitate the file transfer.

4. **Request Reimbursement if a Fee Was Charged**
   The client completes a reimbursement request form. The reimbursement appears as a credit on the group's BHT invoice.

3. RENEWAL SUBMISSION CHECKLIST

☐ **Group Master Application (GMA) Submitted Through AP Connect**
Submit a full GMA if any of the following changed from the previous plan year. Otherwise, submit the "Renew as Is" confirmation page.
- — Contacts
- — Plan selections
- — Required number of hours
- — Probationary period
- — Employer contributions
- — Classes

☐ **Endorsed Sponsor Benefit Program Membership Renewed**
Membership renewal is required to maintain benefits. Failure to renew may delay processing of the renewal.

☐ **Enrollment Changes Go to the TPA**
Once renewal paperwork is in, direct open enrollment changes to the TPA. All changes must arrive within 30 days of the renewal effective date or they will not be accepted.

☐ **Submitted by the 15th of the Month**
When changes are submitted after the 15th of the month, carriers may not have sufficient time to fully implement them before the coverage effective date. Coverage will still be effective as scheduled, but administrative items — group numbers, ID cards, access to medical and prescription information, and initial billing — may be delayed until changes are completed.

☐ **Process if Renewal is Not Received**
Renewal forms should be submitted before the last day of the current contract period to ensure uninterrupted coverage and timely processing of enrollment changes. Late renewals may result in coverage disruptions, delayed enrollment changes, billing delays, and additional processing time. Retroactive enrollment changes can only be processed up to 30 calendar days back.

REMINDER FOR ALL GROUPS — REVIEW CARRIER INVOICES MONTHLY

PLEASE PASS THIS ALONG TO YOUR CLIENTS

Carriers are becoming increasingly strict about retroactive enrollment changes, so please encourage clients to review their carrier invoices each month and report any discrepancies promptly.

QUESTIONS

WHO TO CONTACT	FOR	EMAIL
AP Connect	New and Renewal submissions	AP Connect
AP Customer Service Industry Trusts	New and Renewal questions	BHT@advprofessionals.com
AP Customer Service Kaiser Small Group	Billing, ID cards, enrollment changes, COBRA	BHT-smallgroup@advprofessionals.com
Vimly TPA	Billing, ID cards, enrollment changes, COBRA	bht@vimly.com