

## New Group Checklist

- Group Master Application
- Signed Enrollment Form from each Employee
- DE9C - Small Group Only; please indicate the appropriate code next to each employee's name
  - **E** - eligible and enrolling
  - **W** - eligible and waiving for other group or individual coverage
- Proof of Ownership (*only if business owner is enrolling in the Plan(s)*)
- Deposit Check (*or ACH Direct Deposit Form*) made out to MediExcel Health Plan for the first month's premium.

Please submit Completed Cases to [rfp@mediexcel.com](mailto:rfp@mediexcel.com).

For sales related questions, please email [sales@mediexcel.com](mailto:sales@mediexcel.com) or call us at (619) 421-1659.

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