

# MEDICAL MUTUAL OF OHIO®

## ENROLLMENT PROCESS FOR SMALL-GROUPS

### EMPLOYER COMPLETES OR PROVIDES:

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- **Employer/Group Enrollment Application Form**
- **Employer Risk Assessment Form (Z3508)**; for groups with 50+ eligible employees only
- **1040 Schedule C** (for self-employed individuals with no W-2 employees)  
OR  
**Employers Report of Wages Form** filed quarterly with Ohio Department of Job and Family Services (ODJFS). Please indicate part-time, terminated and waiving employees.
- **Signed Affidavit Form (L1655)**; provided by Medical Mutual (only if group has been in business less than one year)
- **Binder Check** (where applicable)
- **Signed Contracts** (where applicable)
- **Deductible Credit Carryover Information Form (Z2307)**

### HELPFUL HINTS:

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- If a D.B.A. name appears on the ODJFS Wage Report, the group should enroll under the D.B.A. name on their application.
- If a company does not file an ODJFS Wage Report, we will accept the following forms:
  - ✓ 1040 Schedule C; self-employed individuals with no W-2 employees
  - ✓ Signed Affidavit form provided by Medical Mutual with no W-2 employees; (only if group has been in business less than one year and has not yet filed an ODJFS or a Schedule C.
- Please use ballpoint pen when completing enrollment forms (no pencils or highlighters).

### EMPLOYEE COMPLETES:

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- **Employee Application, Change Form and Medical History Questionnaire** (for group sizes 1-19). Please note:
  - ✓ Spouse signature must be on application if applying.
  - ✓ Be sure to complete question 4 for pre-x portability.OR
- **Employee Application, Change Form and Short Form Medical History Questionnaire (Z4046)**; (for groups with 20+ eligible employees). Please note:
  - ✓ Spouse signature must be on application if applying.
  - ✓ Be sure to complete question 4 for pre-x portability.OR
- **Waiver Form**; Employee completes if waiving coverage completely or is waiving an eligible dependent. The waiver form must be signed and dated by employee. If waiving spouse, they must provide their social security number and employer name.

### CHECKLIST

- Have all eligible employees return their signed and dated applications or waivers?
- Is the *Employer Application* completed in full?
- Are dates of birth, hire dates, and social security numbers all provided and legible?
- Have you provided a copy of the proposal, if applicable?
- Is the ODJFS form current, signed and dated?
- If life insurance was sold, did employee designate beneficiaries (and salaries when applicable)?
- If spouse is applying, spouse must also sign application.