



The following is meant as a guide to assist in understanding what information is required to secure an underwritten IPEP Health proposal. Submitting the requested information in its entirety, allows everyone involved to turn your request around quickly.

It's important you understand we cannot alter any documents received in our office. If anything needs to be added or changed, the document will need to be submitted again. For this reason, we encourage you to submit the paperwork fully completed to eliminate the need to resubmit documents.

Completed documents should be submitted to healthinfo@IPEP.com.

IPEP Employer Application

The following sections must be completed prior to submitting:

- Section 1 – Group information
- Section 2 – Eligibility – please complete each line
- Section 5 – Signatures – name of employer and authorized signature for the group
- Section 7 – Writing agent certification must be completely filled out and signed/dated by agent

IPEP Census

The following columns must be completed to get a quote:

- Column A, B, D, F, G, H, P, Q, S, T, U, Y, Z, and AA
- **Please note**, there is a **dependent tab** included on this spreadsheet

Employee Enrollment Application

Complete everything except Section 9:

- Section 1- Medical coverage you are electing
- Section 2 – Marital status and personal information for anyone being covered
 - Please notice **height and weight** are in the **same box**
- Section 3 – All full-time employees electing Medical and/or Long-Term Disability must answer the medical questions
 - If there are any “yes” responses, you must provide detailed information
- Section 4 – If Life/AD&D are being offered as a benefit, please add beneficiary information
- Section 5 – Sign and date your application
- Section 6 – Enrollment and eligibility information needs to be complete
 - Check “New enrollment” or if a COBRA enrollee, check “COBRA” and provide event type and date
 - Provide date of full-time hire, employee status, hours working per week, occupation and income reported by
- Section 7 – Check coverage election under Medical, and if offered, under Dental and Vision
- Section 8 – If you are **waiving any coverage** for yourself, your spouse or any dependents, **please complete this section**
- Section 10 – Please indicate if you will have dual coverage (coverage in addition to the IPEP Plan)
 - If so, provide additional information as requested
- If waiving medical and disability (if offered), the member would not be required to complete the medical. All other sections must be completed.