

Application Checklist — for Paper Submissions

(For online submissions, our system automatically checks to make sure all required items are completed. This is a key advantage of applying online.)

Required before underwriting:

Signed Application with following completed:

- Application Transaction Request Check Box*
- Applicant Name*
- Applicant Address*
- Selection of Plan Choice and Rx rider*
- All Dependents' Names*
- All Dependents' Add/Delete*
- All Dependents' SSNs*

- All Dependents' Sex*
- All Dependents' DOBs*
- PCP – Name/Phone Number*
- “Other Insurance Box” checked*
- “Other Insurance Box” – if yes, insurance section completed*

Signature with date of each: Applicant/Spouse/
Domestic Partner and Dependent 18 or older

- Broker Information*
- Broker Authorization Form (not required)*

Health Statement:

- All questions (#1 - #22) must be answered.*
- Specific explanations for any “Yes” answers in the space provided under “Health History.”*

- Supplemental Medical Questionnaires completed as appropriate. These should be submitted with the Individual Application/Change Form and Individual Health Statement to expedite application processing. To download and print a Supplemental Medical Questionnaire, go to the secure producer section of www.connecticare.com. Click “SOLO/Individual Plans”, then “Forms/Guides” and “Medical Questionnaires”. Click on the “Bookmarks” tab to find the specific questionnaire you need.*

Underwriting Authorization Form:

- Signature w/ date of each Applicant/Spouse/
Domestic Partner and Dependent age 18 or older*
- All fields complete*

Other required documentation (if applicable):

- Domestic Partner Verification Form or other satisfactory certification as we determine*
- Disabled Dependent Form*
- Election of Electronic Funds Transfer Form*

Examples of Material Pend/Missing Information
(which will cause unnecessary delay in application process):

- Any information that is missing from Parts 1, 2 or 3 of the Application Packet, especially current height and weight on the Individual Health Statement.*
- Signature with date of all applicants age 18 or older*
- Underwriting authorization missing/not signed/not dated*
- Questions on the Individual Health Statement that are left blank or unexplained.*