

Wayne County Four Star / Alliance Health & Life Insurance Company

Process to Add or Delete Members to Existing Group

The process defined below is used to add or delete members from existing WCFS/AHL enrolled groups. This document can be shared with small business staff, sales staff, Client Services staff and Membership & Billing staff to assist in educating them on the process.

1. Group employer contact identifies employee/dependent to either add to WCFS/AHL coverage or to terminate members from WCFS/AHL coverage.
2. To add a member (new employee, spouse, dependent) the employer group representative should work with the employee to complete a WCFS/AHL Employee Application and forward to

Wayne County Four Star/ Alliance Health & Life,
2850 W. Grand Blvd,
Detroit, MI 48202.
Attention: Underwriting & Rating (T-14 2nd floor)

The Underwriter reviews the applications for completeness & accuracy. The completed application needs to include the following information:

- Employee's name
 - Dependent's name if applicable
 - Employee's address
 - date of hire
 - social security number
 - date of birth
 - employee signature
 - employer signature
 - requested effective date of coverage
3. For new employees, the employer should adhere the 90-day waiting period before coverage is effective.
 4. To add employee's dependents, the employer group representative should work with the employee to complete a WCFS/AHL employee application. The application must indicate the relationship of the dependent (either spouse or child) and complete the same items as listed above.
 5. In order to add children, proof of application and a denial letter from the Michigan Department of Community Health (MICHild) is required with the

application. Using the MICHild site to test eligibility without formal proof of denial is not acceptable. In addition the employee application needs to be completed and needs to include the child's date of birth and the child's social security number.

6. Children's coverage can be effective on the first of the month following the dated proof of denial by MICHild.
7. For member terminations from existing groups, the employer group representative should make the termination request in writing, identifying the employee's name & SS#, and the effective date of coverage termination. All termination of coverage dates will be the last day of the month requested. Notices of termination have a 30-day retroactive limit.
8. If the termination of coverage is for the entire group the group should follow the same process as noted above and indicate the reason for termination.
9. Once completed, the termination request can be mailed to

Wayne County Four Star/ Alliance Health & Life,
2850 W. Grand Blvd,
Detroit, MI 48202.
Attention: Underwriting & Rating Dept (T-14 2nd floor)

10. Once received, underwriting staff will review the forms for completeness, and if approved, will forward the forms to the Membership & billing staff for processing.
11. On receipt of the forms, the Membership & billing staff will enter the member additions or deletions to the system. The system will generate ID cards & new member packet mailing to the member for the individuals added. Terminations will generate a HIPAA letter mailing to the member. The addition & termination transactions will be reflected on the next invoice generated for the group.
12. This completes the process.