

Submitting a Group

Census Requirements

Please provide a member level census which includes the following required fields for every enrolled employee and dependent:

- First Name
- Last Name
- Date of Birth
- Gender
- Home Zip Code (Full addresses strongly preferred)
- Relationship (EE, SP, CH)
- Enrollment (Enrolled, Retired, Cobra, Waived)
- Tier (EE, ES, EC, F)

Competitive pricing 0-3 days turnaround once submitted through portal.verikai.com

Please Attach

- Current and renewal rates
- Groups current plan design
- Available claims information

And let us know the following

- Group Name and Address
- Requested Effective Date
- Producer Compensation as a PEPM
- Current type of insurance fully insured, level funded, MSL)
- Proposed specific deductible

Submissions can be uploaded to Verikai after signing up through radionhealth.com/signup