



United Concordia Check List

- 1) Broker of Record Letter**
 - a. Names ARMS Insurance Group
 - b. Must be on Company Letterhead, dated and signed by company principal

- 2) Group Transmittal Form**
 - a. Instructions on cover sheet of transmittal form
 - b. Broker Name & Address – ARMS Insurance Group

- 3) Small Group Application (Employer Application)**

- 4) Enrollment/Change Form (Employee Application)**
 - a. One form for each employee taking coverage

- 5) Student Verification Form**
 - a. One form for each dependent between 18-26 and currently a FTS.

- 6) Check made payable to [United Concordia](#)**

Must be at the ARMS Insurance Group by the 20th of the month prior to coverage start date