

Distinct Advantage Individual Plans
Health Plan of Nevada HMO & Sierra Health & Life Individual PPO Submission Checklist

Use this checklist to be sure you include all necessary items.

*PLEASE USE **BLACK OR BLUE** INK WHEN COMPLETING ENROLLMENT FORMS – **NO PENCIL***

REQUIRED FEES TO APPLY:

- 1st Month Premium – Must be included to be processed** (1st month's total premium, including \$10.00 Direct Bill Fee if applicable in either Check, Money Order or Credit Card payment)

REQUIRED FORMS TO APPLY:

- Enrollment Application Form** (*indicate requested effective date*)
You will need to select an HMO Primary Care Physician for the HPN plans.
To view HMO Providers, please visit our website at **www.healthplanofnevada.com**.
To view PPO (Expanded Plan) Providers, please visit our PPO website at **www.sierrahealthandlife.com**.
To inquire about a provider or to receive Provider Books by mail, please call 304-6950.
- Medical Questionnaire** – Complete all information regarding health history for all applicants, sign & date.
If you need to include additional information, please attach a separate sheet to the questionnaire.
- Applicant Authorization Form** – Complete & Sign by Primary Applicant
- Authorization for PreArranged Payments** – Complete, sign & date
Payments will be withdrawn automatically from a checking/savings account monthly beginning with second month of coverage.
- VOID Check** – Include a “VOID” check or a copy of a check from the account. Do NOT use deposit slips.
- Dependent Child Form** – REQUIRED FOR INDIVIDUAL POLICY FOR CHILD ONLY UNDER AGE 17

Completed applications must be received by the Health Plan of Nevada / Sierra Health & Life Insurance Co Sales Department **7 days PRIOR** to requested effective date (1st or 15th Effective dates). Please indicate requested effective date on the Enrollment Application Form. **Once received, Medical Underwriting will call to complete a Telephone Verification Interview within approximately 7 – 10 days of receipt of application. Interview must be completed before coverage can be offered. Actual effective date may differ from that requested based upon finalization of the underwriting process.**

If you have any further questions, please contact the Individual Sales Department at (702) 821-2200.

Sincerely,

Individual Sales Department
Health Plan of Nevada Inc. / Sierra Health and Life Insurance Company
2724 N Tenaya Way , Suite 100
Las Vegas NV 89128