



Northwest Ohio Business Alliance

Administered by **Paramount Insurance Company**

NWOBA/Paramount Self-Funded MEWA

Group Name: _____

Effective Date: _____

Broker: _____ Agency: _____

- ☐ MEWA Employer Master Application
- ☐ ODJFS (OBES) Last quarter and must be reconciled (PT, FT, Waive, Seasonal, Term)
- ☐ Voided Check (ACH form)
- ☐ Schedule C for Self Employed (2 years required)
- ☐ Implementation page
- ☐ Common Ownership
- ☐ Certification of Eligibility
- ☐ Workers Comp Insurance (Sole Props)
- ☐ Enrollment Apps
- ☐ Employer Waivers
- ☐ Proof of Chamber Association or BBB
- ☐ Medicare Exception form (if applicable)

Office Use Only:

Marketing Rep: _____

Underwriter: _____

Plan Design: _____ Group Number: _____

Contracts: _____ Members: _____