

# New group submission checklist

Please be advised that this is just a guideline and that other documentation may be required.

- Business check in amount of first month's premium **or** completed check-by-fax form for first month's premium with a copy of the voided business check drawn on the group's business account.
- Master Group Application (**please use current version – outdated versions will not be accepted**).
- Sole proprietor, partner or corporate officer statement (Owner Affidavit) – to be completed by all eligible owners.
- Employee application (**please use current version – outdated versions will not be accepted**).
- Refusal of Coverage form (for eligible employees declining coverage or employees declining coverage for eligible dependents).
- Prior carrier bill, including the page that lists all members on the previous policy (if applicable).
- Most recently filed DE 9C. Please reconcile to note each employee's status; if any employee is terminated, please indicate the employee's termination date.
- If there is a new hire who is not listed on the DE 9C, please provide payroll from date of hire **or** W-4 if new hire has not been working long enough to be on payroll yet.
- If owner is not on the DE 9C, please provide most recent K-1 or Schedule C (if they have filed an extension, please provide a copy of the extension and the previous year's K-1 or Schedule C).
- Fictitious Business Name Filing is required if the group uses a DBA name, or if there is more than one business name reflecting on any document or ownership paperwork submitted. Note: A Fictitious Business Name Filing is not required when the DBA appears on the business check.
- Legal documents (**see UW Guidelines**) – Articles of Incorporation, Statement of Information, Partnership Agreement, etc. that list the names of **all corporate officers/owners/directors**.

## Standalone specialty benefits

The new group submission checklist applies to dental, vision,\* and life insurance\* when provided alongside Blue Shield medical plans. For a simplified checklist of submission requirements when purchasing dental, vision or life insurance without a Blue Shield medical plan offering, contact your Blue Shield sales representative.

\* Underwritten by Blue Shield of California Life & Health Insurance Company.

# Helpful hints for a complete submission

## Small employer medical plan eligibility:

- A small employer employs 1 to 100 employees on at least 50% of its working days during the preceding calendar quarter or calendar year.
- Since January 1, 2014, small groups with only owners (no employees) have not been eligible for small group coverage. To qualify as a small employer, the employer must employ at least one eligible W-2 "common-law employee."
- Husband-and-wife-only sole proprietor businesses are no longer eligible for small group medical coverage.

## Small employer specialty\* benefits-only plan eligibility:

- An owner-only small group (no employees) is eligible for dental, vision and life insurance policies when purchased without Blue Shield medical plans.
- Two eligible employees or owners are required for life coverage.
- Husband-and-wife-only sole proprietor businesses continue to be eligible for stand-alone small group specialty benefits coverage.

## Frequently missed items:

- Please complete all fields on the Master Group Application. Commonly missed fields include: employer's federal tax ID number, part-time coverage question, domestic partner coverage question, employer contribution, COBRA/Cal-COBRA questions - and accurate employee counts (be sure to verify the number of enrolling employees who are declining and waiving coverage).
- Be sure all fields on the Employee Enrollment Form are completed. Commonly missed fields include: employee job title, date of hire, date of birth, number of eligible dependents and dependent information (if enrolling). Social Security numbers are required for all enrolling employees and dependents.
- Completed Refusal of Coverage forms are required for eligible dependents, including spouses/eligible domestic partners. Employees must complete a waiver for eligible dependents who are not enrolling in the plans offered.

## On the check-by-fax form:

- Amount to be debited is required on the check-by-fax form. Please base this amount on the quote provided to the group for all lines of coverage selected. If you do not have a quote, please contact your small business sales team to provide a quote for you. If the final rates differ from the amount to be debited, the group will see the adjustment on its following billing statement.
- Group representative's signature is required on the check-by-fax form.

\* Vision and life insurance plans are underwritten by Blue Shield of California Life & Health Insurance Company.