



**Capital BlueCross**

Independent Licensee of the BlueCross BlueShield Association

## PRELIMINARY RATE REQUEST CHECKLIST

**Group Application**

Section One

All demographic information must be completed.

Section Two

Prior carrier information must be completed.

Section Five

All questions must include a response.

If 51–100 employees is checked, enhanced benefits should be quoted.

**Customer Applications**

Must be legible; particularly the names, social security numbers, and dates of birth.

**Disclosure Authorization Forms**

All language on the form must be legible. This includes the form language as well as names and dates. Forms should not be faded, poor copy, or cut off.

Print, sign, and date where indicated on the respective lines.

Subscriber, spouse, and all dependents must complete information on the applicable lines (subscriber only on subscriber line, spouse only on spouse line, etc.).

A parent must sign the parent's name for a dependent child under the age of 18. Parents who sign the child's name instead will be considered a "no authorization."

A dependent child age 18 or over must sign their own name. The parent cannot sign for the adult child or sign the child's name.

An employee's dependent spouse must sign their own name for themselves. An employee cannot sign for their spouse.

If the signature is provided on the employee application and does not match the signature on the disclosure form, it is considered a "no authorization."

If a legal representative signs for an adult customer, legal documentation confirming the power of attorney or legal representative must be included.

If the subscriber/customer does not write in cursive, another form of identification identifying the signature should be provided (i.e., driver's license).

**Initial Quoted Rates**

**Agent Authorization Letter**

**Please Note:** All new groups with 2–50 enrolling contracts must go through the preliminary rate process prior to submitting final enrollment paperwork.