



Capital BlueCross

Independent Licensee of the BlueCross BlueShield Association

NEW SMALL GROUP SUBMISSION CHECKLIST

Group Application

- All fields must be completed.
- Policy maker listed in section one must sign in section seven.
- The physical address must be a street address. A post office box address cannot be accepted.
- The physical address should be located within Capital BlueCross' 21-county service area.
- Products written in section three must match the products selected on the rate sheet.
- If a subscriber/customer is enrolling in *Senior*SM medical, this must be written in section three.
- Include multi-coverage credit (MCC) indicator if eligible dental/vision product is being offered.
- Benefit period must be checked. All Capital Insurance Trust (CIT) and Greater Lehigh Valley Chamber of Commerce (GLVCC) groups must elect calendar year.
- Domestic partner must be checked. All CIT and GLVCC groups have domestic partner coverage at the association level.
- All questions in section five must have a response. If 51–100 employees is checked, enhanced benefits should be offered.

Customer Applications

- Group Administrator section (upper right-hand corner of application) must be completed in full.
- If multiple options are offered by the group, identify which option the subscriber is electing. This can be written on the customer application.
- Section three must be completed for the subscriber and any dependents.
- Must be signed and dated by the subscriber.
- If a domestic partner, the domestic partner affidavit and supporting documentation are required.
- If enrolling in the *Senior* product, include a copy of the Medicare ID card showing the customer's Part B effective date.
*If not yet available, a copy of the application or letter from the Social Security Administration (SSA) is accepted.

Disclosure Forms

- Required for groups with 2–50 enrolled employees.
- 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 line (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 on the employee application 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).

Waiver Form

- Required for all eligible employees, owners/officers who are not electing the group coverage.
- All language on the form must be legible. This includes the form language as well as fields completed by the subscriber.
- Must have all fields completed and signed by the employee.
- Other insurance information is required in order to meet 75 percent participation. Waivers must indicate the type of coverage with the other carrier (i.e., medical, Rx, dental, vision).
- If Medicare only is provided as the other carrier, it does not include dental and vision.
- If a subscriber is not enrolling in all lines of business offered by the group, a waiver is required (i.e., subscriber is enrolling in medical and Rx offered by the group but is waiving dental and vision).

Signed Rate Pages

- Must be signed by the policy maker with elected plans marked.
- Elected plans must match those written in section three of the group application.
- If the dental/vision product is eligible for the multi-coverage credit, the MCC rates must be checked on the rate sheet.

Agent of Record Letter

Signed Late Letter

Required if any final paperwork requirements are received after the 30-day deadline.

Initial Premium Check

- Made payable to Capital BlueCross.
- Cannot be post-dated.
- Capital BlueCross must receive by the final submission deadline.

Tax Documentation—Group

Federal tax documentation filed yearly by the group:

- Schedule C.
- 1065 and all K-1s for partners (must have all and equal 100 percent).
- 1120 including page two or form 1125-E that identifies the owners and percent owned.
- 1120S and all K-1s for each owner (must have all and equal 100 percent).
- 990 for nonprofit.
- SS-4 or PA-100 for new companies that have not filed federal tax documents.
- If multiple companies are enrolling as one under common ownership, documents must be provided for each group and show the same person/entity owning 51 percent or more of each company.

Tax Documentation—Employees

Documentation to support the eligibility of employees:

- Most recent UC-2 marked by the group with employee status (i.e., full-time, part-time, termed, seasonal, etc.).
- Pay stubs/payroll for new employees not identified on the UC-2 yet or for nonprofits that do not file a UC-2. If payroll is not yet available, advise when it will be.
- W-2 for the spouse of an owner.
- New business letter signed by the policy maker for new groups listing all eligible employees if the UC-2 has not been filed yet.

Medical Loss Ratio Questionnaire

Additional Requirements

1. If enrolling in the GLVCC or CIT:
 - Participation agreement.
 - GLVCC or CIT checklist included in the proposal.
 - Small Employer Exception (SEE) letter if Medicare-eligible customers are enrolling.
2. If group is offering an eBasicsSM product:
 - eBasics acknowledgement form.
 - eGEMS[®] agreement.

3. If group is offering a Health Reimbursement Account (HRA) product:
 HRA set-up form.
4. If group is offering a Health Savings Account (HSA) product:
 Provide who is administering the HSA (ACS|BNY Mellon¹ or another entity).

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

¹ ACS|BNY Mellon HSA Solution (“The HSA SolutionSM”) is an independent company whose products and services are not BlueCross products and services. The HSA Solution is solely responsible for these financial services.