



Capital BlueCross

Independent Licensee of the BlueCross BlueShield Association

PAPERWORK REQUIREMENTS FOR EXISTING GROUP CHANGES

Group Application

- Group name must match the one appearing in Sales360° or on the rate sheet.
- The physical and billing address must be completed.
- The physical address must be a street address. A post office box address cannot be accepted.
- The Policy Maker and Group Leader sections must be completed (include email address for each).
- Policy maker listed in section one must sign the application in section seven.
- Section two: Workers compensation information must be completed if group is subject to underwriting (UW) audit.
- Section three: All products offered by the group must be written.
- Domestic partner box must be checked.
- Benefit period box must be checked.
- Include multi-coverage credit (MCC) indicator if an eligible dental and/or vision product is offered by the group.
- Provide the effective date of the change (if off renewal) and group number.

Customer Applications

- Group Administrator section (upper right-hand corner of application) must be completed in full.
- New customer applications are needed if adding dental, vision, or multiple medical options.
*The dental short form may be used instead of customer application if adding dental or vision.
- If multiple options are offered by the group, identify which option the subscriber is electing.
- Section three must be completed for the subscriber and any dependents.
- Must be signed and dated by the customer.
- If a domestic partner, the domestic partner affidavit and supporting documentation are required.
- If enrolling in the *Senior*SM product, include a copy of the Medicare identification card showing the customer's Part B effective date.
*If card is not yet available, a copy of the application or letter from the Social Security Administration (SSA) is accepted.

Waiver Forms

- 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.

Rate Sheet

- 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

Required if the producer is new on the account.

Signed Late Letter

Required if any paperwork requirements are received after the 15-day deadline.

Please Note: *If the group is changing risk pools (i.e., association to direct or direct to association), federal corporate tax documentation and UC-2 are also required.*