

Group enrollment checklist Blue Shield (sample)

The following are required documentation when submitting new business:

- **Master Group Application**
- **Applications** from all enrolling employees and dependents
- **Refusal of Personal Coverage forms** for all eligible employees and any eligible dependents that refuse or waive coverage at the time of open enrollment.
- **Verification and Statement of Understanding form**
- **Health Statements** are required for guaranteed-issue groups of 2 to 14 enrolling employees and all carve-out and nonguaranteed-issue groups. All Health Statements must be dated within 45 days of the requested effective date. Groups enrolling 2 to 5 employees may apply for an automatic RAF assignment of 1.10 without completing health statements or may submit health statements to request a lower RAP through underwriting.
- **Binder check** on company check stock

Additional documentation may be required under certain circumstances:

- **Employer Questionnaires** are required for guaranteed-issue groups of 15 to 50 enrolling employees. The Employer Questionnaire must be dated within 45 days of the requested effective date. **For eligibility verification, the following wage information is required for each enrolling employee:**
 - Copy of the group's most recent DE 9C Quarterly State Tax Withholding Statement containing current employment status of all employees.*
 - All four DE 9C's from the previous year if group eligibility is based on, or includes, part-time employees.
 - Two DE 9C's from the previous calendar year if group indicates they are impacted by the Federal Mental Health Parity and Addiction Equity Act (HR 1424).
 - Payroll records for employees hired after the DE 9C filing.
 - Proof of owner's/employer's eligibility if the owner/employer is not listed on the DE 9C.
 - Groups enrolling 2 to 24, some as noted in "Owner only groups" below.
 - Groups enrolling 25+ Blue Shield of California Sole Proprietor, Partner, or Corporate Officer Statement (owner affidavit).
 - If applying for small group replacement coverage, a copy of the last month's group premium statement.
 - If applying for continuous replacement coverage, documentation of the previous coverage with the last premium statement,
 - Disability Form (if applicable).
 - COBRA/ FMLA/Cal-COBRA Election Form, if applicable.
 - A business check for the first month's dues as a deposit, payable to Blue Shield of California or Blue Shield Life as applicable. Blue Shield will refund the full deposit to the group if the group application is declined.
 - A copy of the most recent payroll register is required for new employees hired after the DE 9C filing.

Owner-only groups are required to submit documentation verifying that they are active businesses. That documentation includes but is not limited to:

- Sole Proprietorship: 1040 Schedule C for the preceding calendar year and a completed Blue Shield of California Sole Proprietor, Partner, or Corporate Officer Statement.
- Partnership: K-1 for the preceding year for each partner and a completed Blue Shield of California Sole Proprietor, Partner, or Corporate Officer Statement.
- Corporation: Articles of Incorporation (state seal affixed) to include the filed list of officers:
- K-1 and a completed Blue Shield of California Sole Proprietor, Partner, or Corporate Officer Statement.
- Signed enrollment form or refusal for each officer eligible for coverage.