



ENROLLMENT CHECKLIST FOR NEW GROUPS SIZE 2 – 50 AND FOR CHAMBER GROUPS WITH 51-99 LIVES

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Group Name: _____ Requested Effective Date: _____

Agent Name: _____ Agent Number: _____ / _____

REQUIRED INFORMATION

Please Note: Missing information will delay case submission and could result in a change of the requested effective date.

AGENT

- Group Request for Coverage
- Application for Group Health Insurance
- Companion Life Master Application
- Current Proposal with Census – must match membership applications and benefits selected on Group Request for Coverage.

EMPLOYER

- *Premium Binder Check – The check should be made payable to BlueCross BlueShield in the amount of \$_____.
- *Name of Workers Compensation Carrier
- *SC Employer Quarterly Contribution & Wage Report UCE-101 & UCE-120
Note: Please indicate current employment status for each employee listed. If Quarterly Wage Statement is not available, see reverse for documentation needed to establish business eligibility.
- *Current Carrier Bill – to give credit for prior coverage, we need current carrier's billing statement for most recent month. If the bill has no original effective date of health coverage, we will need current carrier's bill for the 12th month prior to your requested effective date or **Certificates of Creditable Coverage to include beginning and ending date.

EMPLOYEE

- **Membership Applications – must be completed by all full-time eligible employees to include COBRA and State Continuation. Waivers and refusals must complete a Membership Application in its entirety, including dates of hire, date of birth and other health insurance information. Sponsored Members (**dependents previously covered by Blue Cross and Blue Shield of South Carolina under the employee's social security number**) must complete a separate Membership Application for continuation of coverage. To ensure credit to the dependent for prior coverage, the dependent's social security number should be placed in the **Sponsored Member Social Security Number** field and the employee's social security number should be placed in the **Employee Social Security Number** field on the Membership Application.
- **Personal Health Statements – must be completed for groups with less than 25 enrolled full-time employees or if life insurance is greater than \$50,000.
- **Full-time Student Dependent ages 19 through 22 – letter from school registrar's office or tuition receipt with number of credit hours is required before coverage can become effective for this dependent.

- * **GROUP ADMINISTRATOR SHOULD HAVE THESE ITEMS AVAILABLE.**
- ** **REMINDEMPLOYEES TO BRING APPROPRIATE INFORMATION ON ENROLLMENT DATE.**

COMMENTS: _____

THANK YOU FOR YOUR BUSINESS!

BUSINESS DOCUMENTATION FORMS

The information below explains the type of documentation needed to determine group eligibility for our most common types of business.

Most groups will file a Quarterly Wage report (QW) (forms UCE – 101 & UCE – 120). The most current QW report must be provided. The QW report must indicate the current employment status of each employee listed – for example, full-time, part-time, terminated (provide termination date), seasonal or in probationary period (provide date of hire).

The following documents are accepted if the owner(s) are not included on the QW.

Corporation

QW

S Corporation

QW or

K-1 or form 1065 for each owner.

Partnership

QW or

K-1 or form 1065 for each owner.

Sole Partnership

QW or

Schedule C

If employing only a spouse, Schedule C or copy of the W-2.

Limited Liability Corporation

QW or

If only one owner Schedule C;

If multiple owners K-1 or form 1065 for each owner.

Agricultural Workers/Farms

QW or

Federal form 943 and payroll records.

For Profit (Churches, Daycare and/or Nursery)

QW

Not For Profit (Churches, Youth Clubs, Charity Organizations)

Federal form 941 and payroll records.

New Business

The effective date of group coverage cannot be prior to the official day the business begins operations. Appropriate tax forms, as outlined above, must be submitted within 30 days of the tax-filing deadline. If the group has not filed required tax forms because the business is new, please provide a copy of the group's payroll records, copy of Business License or Secretary of State form. The group must provide us with a copy of their first filed QW report.

For a husband and wife only business, a copy of their Business License or Secretary of State form. The group must provide us with a copy of their first filed QW report.

1099 Employees

Since there is no true employee/employer relationship, these individuals are not eligible.