



South Carolina

BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association

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

SouthCarolinaBlues.com

Group's Name: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Agent's 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
  - Current Proposal with Census – Must match membership applications and benefits selected on Group Request for Coverage.
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- Companion Life Master Application – Companion Life is a separate company that does not offer BlueCross BlueShield of South Carolina products. These products are offered by Companion Life, not BlueCross BlueShield of South Carolina. BlueCross BlueShield of South Carolina has no responsibility for these products.

#### EMPLOYER

- \*Premium Binder Check – The check should be made payable to BlueCross BlueShield of South Carolina 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 the current carrier's billing statement for the most recent month. If the bill has no original effective date of health coverage, we will need the current carrier's bill for the 12<sup>th</sup> month prior to your requested effective date or  
\*\*Certificates of Creditable Coverage to include beginning and ending dates.

#### 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 BlueCross BlueShield 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 all enrolled full-time employees.

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

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR BUSINESS!**

## **BUSINESS DOCUMENTATION FORMS**

This information 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). They must provide the most current QW report. 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 employees in a probationary period (provide date of hire).

These 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 its first filed QW report.

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

### **1099 Employees**

The maximum number of 1099 independent contractors may not exceed 25 percent of the total number of enrolled employees. The independent contractor paid by 1099 must work on a full-time, year-round basis and must reside in South Carolina.