

Ancillary ONLY Groups Adding Medical—Initial Deposit/eCheck is Required

Groups Changing from Small Business ASO to Small PPACA or Mid-Market—Initial Deposit/eCheck is NOT Required

Group Contact: _____ Phone Number: _____

Email: _____ Fax Number: _____

Capital BlueCross Sales Executive/Account Manager: _____

Producer: _____ General Agent: _____

Please email all required paperwork to your General Agent or CBC.NewGroupPaperwork@capbluecross.com and copy your Capital BlueCross Account Executive/Account Manager.

Checklist of Required Documents for New Groups

<input type="checkbox"/> Application for Group Benefits C-70	<ul style="list-style-type: none"> All fields in all sections must be completed in full Group representative email address required for summary of benefits and coverage delivery Section 5: Group representative, duly authorized signature required and dated
<input type="checkbox"/> Billing Enrollment Agent Form C-483	<ul style="list-style-type: none"> Required only for groups with a Billing and Enrollment Agent or Enrollment Agent
<input type="checkbox"/> Certificate of Employment Status for Senior Product Enrollment Form C-450	<ul style="list-style-type: none"> Required for groups requesting the Senior product
<input type="checkbox"/> Certification of Group Eligibility to Combine C-433	<ul style="list-style-type: none"> If multiple companies are combining as one group, a Certificate of Eligibility to Combine form is required
<input type="checkbox"/> Corporate Tax Documents	<ul style="list-style-type: none"> If any of the two conditions exist: <ol style="list-style-type: none"> All groups where the owner(s) is enrolling and does not appear on the UC-2 Any groups where fewer than four applicants are enrolling
<input type="checkbox"/> Employee Eligibility Documentation	<ul style="list-style-type: none"> UC-2A, most recent available annotated with employee status W-2 or paystub (if employee is not on the UC-2A) COBRA information for COBRA enrollees if applicable
<input type="checkbox"/> Completed Group eCheck Submission Form C-447 OR	<ul style="list-style-type: none"> Copy of paper check included with paperwork AND Paper check original sent Overnight Courier to: Payment Processing PO Box 773301 Harrisburg, PA 17177-3301
<input type="checkbox"/> Corporate/Group Check It Out® Enrollment/Change C-516	<ul style="list-style-type: none"> Required if enrolling for automated payments
<input type="checkbox"/> HRA Application for Mid-Market, Small Business ASO, and PremierChoice HDP-27	<ul style="list-style-type: none"> Required annually for all PPO HRA and HMO HRA programs
<input type="checkbox"/> HSA BenefitWallet® Discovery Document	<ul style="list-style-type: none"> Required for groups using BenefitWallet for HSA administration

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<input type="checkbox"/>	Member Enrollment Detail	<ul style="list-style-type: none"> • Excel to Facets Employee Enrollment File or member enrollment applications (NF-2) • Please indicate if eGems® will be used
<input type="checkbox"/>	Producer of Record	<ul style="list-style-type: none"> • Required when Capital BlueCross is paying commissions
<input type="checkbox"/>	Proposed FACETS Group Structure	<ul style="list-style-type: none"> • Class ID requirements: <ul style="list-style-type: none"> ○ Group-specific requirements (e.g., location, employee group, plan) • Make note in email for SOLD paperwork, if necessary • Subgroup requirements: <ul style="list-style-type: none"> ○ Separate bills ○ Different addresses/locations
<input type="checkbox"/>	Rate Acceptance Page(s)	<ul style="list-style-type: none"> • Either Patient Protection and Affordable Care Act 1–50 Age Band Rate Sheets or Mid-Market rate summary page(s) are required • Group must print, sign, and date • If enrolling in an HSA, must answer question pertaining to HSA administrator • Reminders: <ul style="list-style-type: none"> ○ All plans selected must be from one quote
<input type="checkbox"/>	Waiver of Group Health Insurance Coverage C-69	<ul style="list-style-type: none"> • Waiver Excel file or waiver forms