



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

MID-SIZE (51 - 99) Activate, Innova and Engage GROUP PROPOSAL CHECKLIST

The following information is **required** to quote any/all **fully insured groups** with 51 - 99 eligible employees.

Group Name: _____					
Tax ID Number: _____					
	Employee	Employee + Spouse	Employee + 1 child	Employee + children	Family
Employer Contribution: Medical:	_____ %	_____ %	_____ %	_____ %	_____ %
Dental:	_____ %	_____ %	_____ %	_____ %	_____ %
Agent/Agency Name: _____					
Agent Phone: (____) _____			Agent Fax: (____) _____		
Agent e-mail: _____					

- Electronic census of the entire group e-mailed to your assigned Sales Executive**
 - For each employee, provide the following:
 - First and last names, date of birth and gender of Employee, Spouse, and all Dependents
 - Employment status (e.g., full time, part time, COBRA)
 - Tier/enrollment status (Employee / Employee + Spouse / Employee + 1 Child / Employee + Children / Family)
 - A hard copy is acceptable; however, turn around time will increase.
- New Group Proposal Request form for Activate or Innova/Engage.**
- Group's current plan design.** (i.e., Benefit Summary)
- Copy of the group's current and renewal rates** (renewal notice showing the annual increase).
- Copy of the group's most recent billing** (on carrier letterhead with headcount summary page). Groups with fewer than 38 employees on current billing will be required to complete the Short Form Health Questionnaire and Medical History Statement.
- Risk Evaluation Form**

Please fax required information to (801)-333-6552 to the attention of your Sales Executive.