



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

SMALL (2-50) ACTIVATE, INNOVA AND ENGAGE GROUP PROPOSAL CHECKLIST

The following information is **required** for a FIRM quote for any/all groups with 2 - 50 employees.

Group Name: _____
Agent/Agency Name: _____
Agent Phone: (____) _____ Agent Fax: (____) _____
Agent Email: _____

In order to guarantee effective dates, all forms must be returned completed to Regence BCBSU 15 days prior to requested effective date.

Current applications and health questionnaires must be signed within 60 days of the group's effective date. If the forms expire, the entire group will have to re-sign and date, certifying that there have been no changes.

- Complete "Group Master Application"**
- Most recent "Employer Quarterly Wage & Tax Report"** (Required by Utah Department of Workforce Services each quarter) or **for new businesses a letter in lieu of "Employer Quarterly Wage and Tax Report"**
 - Underwriting requires this form to verify employee participation.
 - Indicate employees who are part-time or terminated. An Application for Enrollment/Waiver or Small Group Employee Waiver Form and Group Health Questionnaire will be required for **all** others.
- Copy of group's most recent billing** (on carrier letterhead)
- Group's current plan design** (i.e., Benefit Summary)
- Completed "Application for Enrollment/Change" or "Waiver Form" and "Group Health Questionnaire"**
 - All enrolling employees must complete and sign "Application for Enrollment/Change" and "Group Health Questionnaire."
 - Each enrolling employee (including those in the new-hire waiting period) must complete the Employee Information section.
 - Each enrolling employee must complete the Enrolling Dependents section for all enrolling dependents.
 - All employees waiving coverage for self and all dependents must complete both sides of the "Waiver Form." If waiving coverage for dependents only, complete the first side of the "Waiver Form" and include waiving dependent information on the "Group Health Questionnaire."

Please DO NOT send a check until group is billed.
Fax required information to the attention of your Sales Executive.
Salt Lake City (801) 333-6552
Call (801) 333-2520 for more information.