



BlueChoice® HealthPlan
Agent New Group Check List

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Group Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_

- 1. Group Applications
• SG Request for Coverage (BCHPSGRFC 7/05 )
• Master Group Application (BCHPMGA (rev. 7/05))
• Companion Life Application
• 2-19 Employees (Form # 12437M 1/01)
• 20-50 Employees (Form # 12575M 4/01)
2. Copy of the Accel-A-Rate proposal (5 pages total)
3. Premium Binder Check
4. Enrollment Application and Change Form
• One application per eligible employee, including declination, signed and dated
• One application on each employee in the waiting period, signed and dated
5. Personal Health Statement
• One per eligible employee for groups with 2-19 employees
6. Most Recent S.C. Quarterly Wage and Tax Statement/Proof of Business
\*All tax documents must include the appropriate Schedules\*
UCE-120 and UCE 101 (Must be reconciled-FT, PT, Termed, etc...)
Corporations (1120(S) with Schedule E & Schedule K1)
Sole Proprietor (1040 with Schedule C)
Sole Proprietor – Farmer (Form 943 & payroll records)
Partnerships – Spouse only (1065 with Schedule K1 & payroll records)
Partnerships – Partners (1040 with Schedule K1 & payroll records)
Non-Profit Business (Form 941 & payroll records)
• New hires and Owners not on the Quarterly Wage Statement
• Require a letter signed by the group containing # of hours worked per week and # of weeks per year for each person
• For newly organized groups that do not have any of the above documents, please provide
• Payroll records, business license, and the “Secretary of State” form.
• Within 30 days of the tax-filing deadline, the appropriate tax documentation must be submitted to BlueChoice HealthPlan Small Group Underwriting Department.
• We reserve the right to postpone the group until the appropriate tax documentation is received by the BlueChoice HealthPlan Small Group Underwriting Department.
7. Prior Carrier Bill (for full Creditable Coverage credit, both bills are required)
• Current bill and
• Bill one year prior to the requested effective date
OR
• Certificates of Creditable Coverage (HIPAA Certificates) for each employee
8. Health Statement for Each Employee >\$50,000 Life Insurance