SMALL GROUP ENROLLMENT CHECKLIST

BLUE SHIELD OF CALIFORNIA

Employer

☐ Submit the Employer Application or Express Enrollment Spreadsheet.

☐ Premium Payment. Submit first month's payment on company check or use the Small Group Initial Payment Form.

- ✓ To be enrolled through Blue Shield's Employer Enrollment Tool, you must submit payment via the Small Group Initial Payment Form. Company check is not accepted for this enrollment method.

Additional Forms, if Applicable

☐ DE-9C/Ownership Documentation. Required by the following:

- ☐ Groups with 1-2 eligible employees
- ☐ Groups with less than 3 full-time employees and full-time equivalents (FT/FTE)
- ☐ Groups with more than 95 full-time employees and full-time equivalents (FT/FTE)
- ✓ NOTE: Blue Shield reserves the right to request DE9C/ownership docs regardless of group size.

Submit ALL the following documentation (for more details, refer to documents grid on next page):

- ☐ Most recent DE-9C quarterly statement. Include payroll for employees hired after the DE-9C filing or if any are out of state.
- ☐ Business Validation Document.
- ☐ Proof of Ownership Compensation if owners are eligible to enroll or waive.

☐ Start-Up and Spin-Off Eligibility Statement Form, to be completed by start-up groups or groups who are spinning off an existing group that has current Blue Shield coverage.

☐ Premium Only Plan (POP) Enrollment Form and a separate check in the amount of $120 payable to Blue Shield of California when requesting Section 125 plan administration services.

- ✓ NOTE, POP Plan is administered by WageWorks. POP Application is forwarded by Blue Shield once group is approved and must be received within 15 days of the effective date.

Employee

☐ Employee Application. Required for each eligible employee enrolling in coverage.

☐ Refusal of Coverage Form. Required by eligible employees and dependents who refuse or waive coverage.

☐ Cal-COBRA Election Form. Cal-COBRA enrollees must also complete this form in addition to the Employee Application.

Please call your Amwins Connect Sales Team for more information: 866.570.5474 or
Securely upload your case submission at https://www.amwinsconnect.com/online-case-status

SMALL GROUP ENROLLMENT CHECKLIST

ENROLLMENT TIPS

Current Promotions

- Relaxed Participation through December 2022: 25% for groups with 5+ enrolled; medical, dental, vision and life plans.
- Through March 2022, no participation for Trio-only and Tandem-only. Requires only 1 enrolled.
- IFP is a valid waiver.
- Life Quick Match Program. Match renewal rates from the group's current life company. New and existing groups adding life with 10-100 eligible may qualify.
- Discount on Specialty Plans. 10% discount applies any time you add dental and/or vision to a new or existing Small Business client's medical coverage.

Reminders

- COBRA MEMBERS: Check with the COBRA administrator to verify if any former employees or covered dependents are currently enrolled through COBRA. These individuals will need to be notified by your administrator of the plan change.
- CAL-COBRA MEMBERS: For groups subject to Cal-COBRA, check with your prior carrier to verify if any former employees or covered dependents are currently enrolled; the employer will need to notify these individuals. *Provide a separate check from enrollee for any Cal-Cobra premium.
- SIGNATURES: Application signature dates may not be more than 90 days prior to requested effective date.

DE-9C/Payroll Requirement

- For new hire not listed on the DE-9C, provide payroll register from date-of-hire or W-4 if new hire has not been working long enough to be on payroll yet.
- For out-of-state employee(s), provide the most recent companywide payroll register –other state's quarterly wage report will not be accepted.
- If DE-9C is not available, provide W4 or payroll.

Summary of Benefits and Coverage (SBC)

SBC must be provided to each employee and beneficiary who is eligible to participate. You can download Blue Shield SBC by visiting http://blueshieldca.com/sbpd.

Acceptable Business Validating Document	
Sole Proprietorship	• Business License • Fictitious Business Name Filing
Corporations	• Statement of Information[1] • Articles of Incorporation[1]
Partnership, Limited Partnership (LP), Limited Liability Partnership (LLP)	• Partnership Agreement • Business License • Fictitious Business Name Filing
Limited Liability Company (LLC)	• Statement of Information • Articles of Organization[1] and Operating Agreement
Acceptable Ownership Documents	
Sole Proprietorship	Small Group Owner Eligibility Statement
Corporations	Small Group Owner Eligibility Statement
Partnership, Limited Partnership (LP), Limited Liability Partnership (LLP)	Small Group Owner Eligibility Statement
Limited Liability Company (LLC)	Small Group Owner Eligibility Statement

[1] Provide a copy of the most recently filed and stamped from the California Secretary of State listing all the officers/owners of the company.