

## BROKER / EMPLOYER NEW GROUP CHECKLIST

### **The Employer is required to submit the following:**

- Employer Application for New Group Benefits (all fields must be completed)
- Group Certification Document
- A reconciled copy of the employers most recent Quarterly Unemployment Tax and Wage Report (UC-018) and payroll records for new employees not appearing on current Quarterly Tax and Wage Report— Please document each employee as fulltime (FT), part-time (PT), or terminated (T), including term date.
- A company check, made payable to Blue Cross Blue Shield of Arizona (BCBSAZ), in the amount of the group's monthly premium -- **Please Note:** Check issued to BCBSAZ does not bind coverage.
- Sole Proprietor, Partner, LLC, Member, or Corporate Officer Form and the requested documentation for each enrollee applying for coverage that does not appear on the Quarterly Tax and Wage Report (if applicable)
- Common Ownership Form (if applicable) **and** current organizational chart
- A copy of the employer's most recent prior carrier billing statement (if applicable)
- Group Master Application for Life Insurance (if applicable)

### **Each Employee is required to submit the following:**

- Employee Application for each employee enrolling OR waiving coverage for self, spouse and/or dependents  
If waiving coverage, please include the appropriate waiver code using reasons A – H listed on the reverse side of the Employee Application.
- Individual Risk Evaluation Form (IREF) for each employee and COBRA continuant enrolling for coverage  
All applicants must sign and date the form, (**signature date must be within 60 days of the group's effective date**) at which time it becomes Confidential Personal Health Information (PHI) under HIPAA regulations.  
Waiving employees should not complete an IREF. (***Required for Groups of 2-25 eligible employees only***)
- COBRA Coverage Information Form for each COBRA continuant enrolling for coverage (if applicable)
- Fort Dearborn Life Insurance Company enrollment form (if applicable)

**Groups electing to offer a qualified High Deductible Health Plan may offer a Health Savings Account (HSA) to their employees. All necessary HSA paperwork and money must be submitted to the appropriate HSA institution. BCBSAZ does not provide the HSA. HSA paperwork and money erroneously submitted to BCBSAZ will be returned to broker/employer.**

**BCBSAZ is contracted with HSABank, an FDIC-insured bank and qualified HSA trustee. BCBSAZ members may open a Health Savings Account with HSABank or choose another HSA administrator on their own. For more information about HSABank or to obtain enrollment forms to open a Health Savings Account, call HSABank at (800) 357-6246, Monday thru Friday: 7 a.m. to 7 p.m. CST.**

**BCBSAZ will not accept new group enrollment paperwork after the published cut off date. All information submitted to BCBSAZ must be complete before BCBSAZ proceeds with the underwriting process. Incomplete enrollment paperwork may result in information being returned to the broker/group and may delay or change the group's effective date.**

**If you have any questions regarding the above information please contact your Account Executive or the New Business Unit at 602-864-4260 for Phoenix or for Flagstaff 1-800-601-1946.**