



Producer/Employer New Business Checklist for Small Business (Regulated)

To help ensure that your group enrollment is processed quickly, follow this checklist. Forms and other items must be signed and returned to Blue Cross and Blue Shield of Illinois (BCBSIL). You can find forms on Blue Access for ProducersSM in the “Downloadable Forms” section. If you have questions or need forms for voluntary life or voluntary dental coverage, please contact your BCBSIL Sales Executive or General Agent.

How may BCBSIL reach you?

Email: _____ Phone: _____

The proposal number of my quote is: _____

Please submit this form as your cover sheet with the following documents:

- **Binder Check**

Please note: Membership will not be activated until the binder check is received.

Benefit Program Application (BPA) for Regulated Business

- Combined BPA applies to medical, dental and life/AD&D/short-term disability coverage.
- Review and complete all required information.
- Producer’s printed name and signature are required.
- An electronic copy of the BPA will be returned to the employer group with the group policy after enrollment.
- The Proxy must be completed and signed.

Addendum to the BPA Regarding Affiliated Companies

- Optional form to be completed when the insurance contract covers more than one employer under the group health plan.

Benefit Plan Selection Form (BPS) ACA Small Group

- Combined BPS applies to medical, dental and life/AD&D/short-term disability coverage.

Employer Group Information (EGI) with Medicare Secondary Payer (MSP) Employer Acknowledgement

- The EGI/MSP collects employer size and other critical information.

Pediatric Dental Attestation Form

- Optional form to be completed when the employer or employees have Pediatric Dental Essential Health Benefits (EHB) covered elsewhere. Completed and signed form will remove Pediatric Dental EHB from the BCBSIL coverage.



In addition, the following information is required for new group enrollments.

Employer's Contribution and Wage Report (form UI-3/40) - most recent quarter

- The employer should indicate the status of each employee as (F)ull (T)ime, (P)art (T)ime, (U)nion, (S)easonal, (T)erm(inated), etc. For every FT employee, an application or waiver of coverage or an entry on the Enrollment Spreadsheet must be included.
- For start-up companies without a UI-3/40, we require a copy of the Articles of Incorporation, a listing on company letterhead of all the employees indicating their full or part-time status, and a copy of the first payroll listing.
- If a UI-3/40 is not available on a company in business for more than three months, consult your BCBSIL Sales Executive or General Agent for the proper documentation.

Enrollment Spreadsheet or Universal Applications, including waivers

- HMO/CPO Provider Selection Form from employees electing HMO plans.

If the employer group had prior coverage, and any prior employee is on continuation, the following document is also required.

Prior carrier's most recent billing may be required to document eligibility of State of Illinois or COBRA Continuees.

IMPORTANT: PLEASE CHECK ALL DOCUMENTS TO ENSURE THAT ALL REQUIRED SIGNATURES AND DATES ARE INCLUDED.

To expedite your new business processing, email documents to:

sgoesubmissions@bcbsil.com

Submit your binder check to:

Blue Cross and Blue Shield of Illinois
1020 West 31st Street
Downers Grove, Illinois 60515
Attn. New Group Processing

Submissions must be received by the last business day of the month prior to the effective date.