



**BlueCross BlueShield
of Illinois**

BlueAdvantage Entrepreneur/BluePrint (2-150) Producer/Employer New Business Checklist

We want to help ensure that your group enrollments are processed as quickly as possible. The checklist below will help start the process out right. If you have any questions or require additional forms, please contact your General Agent or Blue Cross and Blue Shield of Illinois (BCBSIL) sales executive. For your immediate convenience, we have enclosed the following materials in your BlueAdvantage Entrepreneur/BluePrint producer/employer kit: a 2-150 Benefit Program Application (BPA,) a 2-150 Benefit Plan Selection Form (BPS,) an Employer Group Information Form, Employee Application/Medical Questionnaire/Waiver of Coverage forms (Enrollment Applications,) an Annual Medicare Secondary Payer (MSP) Employer Acknowledgement Form and Instructions, an “Information Regarding the Medicare as Secondary Payer Statute” brochure, HCSC/FDL Disclosure forms and HIPAA Notice of Privacy Practices forms.

NOTE: If a section in any document does not apply, “N/A” should be indicated.

- 2-150 Benefit Program Application (BPA)**
 - ⇒ Combined BPA applies to medical, dental and life/AD&D/short term disability coverage.
 - ⇒ Fill out all sections.
 - ⇒ The signed BPA will be returned to the employer group with the group policy after enrollment.
 - ⇒ The Proxy must be filled out and signed. **DO NOT DETACH** from the BPA.
 - ⇒ Please note: Enrollment could be delayed if the “Eligibility Date” section is not completed properly.

- 2-150 Benefit Plan Selection Form (BPS)**
 - ⇒ Combined BPS applies to medical, dental and life/AD&D/short term disability coverage.

- Employer Group Information Form**

- Employee Application/Medical Questionnaire/Waiver of Coverage**

This employee enrollment application is used to enroll in medical, dental and life/AD&D/short term disability products. If the employee is waiving any coverage being offered, the Waiver of Coverage form should be completed and signed. Spousal and/or other coverage information is required including the policy number and carrier name for other coverage.

If FDL is paid in full by the employer, the employee cannot waive this coverage.

 - ⇒ The medical questionnaire should be completed, signed and dated by each employee (and spouse, if applicable) for groups with 2-50 enrollees.
 - ⇒ Please note: Enrollment could be delayed if the “Date of Employment”, “Family Coverage Information” (when applicable) and “Medical Group/IPA Name and #” (for HMO) sections of the Application and the “Personal Data/Health Questions” sections of the Medical Questionnaire (when applicable) are not completed properly. Please have employees pay close attention to these sections.

- Annual Medicare Secondary Payer (MSP) Employer Acknowledgement Form**

Instructions – Completing the MSP Employer Acknowledgement Form
Information Regarding the Medicare as Secondary Payer Statute

The Annual Medicare Secondary Payer (MSP) Employer Acknowledgement Form collects employer size information required to make MSP order of payment determination. The client **must** complete and return this form to BCBSIL within 90 days of the coverage effective date. If this information is not provided, the Centers for Medicare & Medicaid (CMS) regulations require that **the client’s group health plan coverage be considered primary to Medicare**. “Instructions – Completing the MSP Employer Acknowledgement Form” provides guidance in completing the Employer Acknowledgement Form. “Information Regarding the Medicare as Secondary Payer Statute” provides general information about the MSP statute, employer obligations and the MSP data match process.

In addition to the above, the following information is required for new group enrollments:

- Employer check for first month's estimated premium**
- BlueAdvantage Entrepreneur/BluePrint proposal**
- Most recent Quarterly Wage and Tax Statement** (indicating any changes to current statement) –
 - ⇒ For start-up companies without a wage/tax statement, we require a copy of the Articles of Incorporation and a copy of the first payroll listing all eligible employees. Please ensure that all full-time, part-time and recently terminated employees are included and new hires are added to the list. It is important that this information is current and provided in the proper format. If a wage/tax statement is not available on a company in business for more than three months, consult your general agent or BCBSIL sales executive for the proper documentation.
 - ⇒ The individuals included on the wage/tax statement, billing statement and application must be reconciled so that every person is accounted for.

If the employer group had prior coverage, the following documents will also be required.

- Prior carrier's renewal notification**
- Prior carrier's most recent billing (indicating any changes to current statement)**
 - ⇒ Enrollment could be delayed if the most recent bill is not supplied and/or if the bill and renewal notification letter are missing.

IMPORTANT: PLEASE CHECK ALL DOCUMENTS TO MAKE SURE THAT ALL REQUIRED SIGNATURES AND DATES ARE INCLUDED. All documents must be submitted to BCBSIL as quickly as possible, but no later than the 1st of the month for which the group is applying for coverage.

If voluntary life or voluntary dental coverage is being purchased, please contact your General Agent or BCBSIL sales executive for the appropriate forms. BCBSIL forms can also be downloaded from our Web site at www.bcbsil.com.