



## NEW GROUP INTAKE REQUIREMENT CHECKLIST — GROUPS 1–50 (DSGIT)

**Important:** Please complete and submit the information required below at the time of sale.

**GROUP NAME:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

- Group Application Form (GAF):** All sections should be completed, signed and dated by an account representative and broker, no more than 30 days prior to effective date.
  - Note: If common ownership applies to the group, please check the appropriate box and provide a brief explanation
- Addendum** (if group is covering optional classes of employees)
- Rate Sheet**
- Copy of most recent **Quarterly Payroll Tax Report (UC-8)**, dated no more than 90 days from the effective date of coverage
  - **Indicate the following on UC-8 (or Payroll Tax Report), next to each employee's name:**
    - Full-time (FT)
    - Waiving Coverage (W)
    - Full-time in probationary waiting period (WP)
    - Full-time seasonal (S)
    - Part-time (PT)
    - Terminated (T): also include date of termination next to name
  - If a UC-8 is not available (applicant is a start-up company), please submit a copy of the most recent payroll report reflecting **all** employees on the payroll.
- Proof of eligibility for any employee applying for coverage, but not listed on the UC-8, or when no UC-8 is available. For example, a newly hired employee will need to provide a copy of his/her W-4 or appropriate tax document.
- An employee application (original copy) or Waiver of Coverage (WOC) form for each eligible employee on the UC-8 payroll report. **A WOC form is required for employees and/or dependents not electing health, vision and/or dental coverage.**
  - Note: Full-time seasonal and part-time employees only need an application or WOC form if this class of employee is identified to be covered on the Addendum.
- Medicare Secondary Payer Form**\*
- Federal Mental Health Parity Form**\*
- Broker of Record Letter** (on employer's letterhead)\*
- Last month's premium bill** from prior carrier or HIPAA certificates, if applying for pre-ex waiver\*
- First month's premium check** (personal check not permitted)\*
- Current year Delaware Business license, Professional Business license or 501(c)(3) nonprofit exemption certificate** issued by IRS\*
- EasyPay Form** (optional)\*
- Your BlueConnection for Employers Enrollment Form** (registration for electronic enrollment is mandatory for all new groups with an effective date on, or after, 11/1/09)

*(continued on next page)*

## NEW GROUP INTAKE REQUIREMENT CHECKLIST — GROUPS 1–50 *(cont.)*

GROUP NAME: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

### Group Size 1–9 ONLY

- Medical History Forms** for all enrolling employees (must be completed, signed and dated no more than 90 days prior to effective date). Note: Original copies must be submitted for groups rated as “Preferred Plus.”

### Group Size 10–50 ONLY

- New Group Questionnaire:** Completed, signed and dated no more than 90 days prior to effective date

### Additional Information Needed for Health Savings Account (HSA) Groups:

#### Employer:

- HSA Group Set-Up Form  
 HSA Deposit Transmittal Form  
 Web-based HSA Banking Registration Form

#### Employee:

- Authorization for Release of Information** signed by each employee  
 **HSA Declaration Form** signed by each employee

### Additional Information Needed for Health Reimbursement Arrangement (HRA) Groups:

- HRA Group Set-up Form  
 BCBSD HRA Authorization Agreement for ACH/EFT transactions  
 HRA Internet Banking Form (optional — for viewing purposes)  
 Bancorp Bank Deposit Agreement Form  
 Bancorp Bank Authorization for ACH debits/credits with voided check

### For BCBSD Use Only:

- |   |                              |  |
|---|------------------------------|--|
| <input type="checkbox"/> Priority Control Log | <input type="checkbox"/> BRU | <input type="checkbox"/> Copy of Check and Deposit Sheet |
| <input type="checkbox"/> Email Notification   | <input type="checkbox"/> SRA | <input type="checkbox"/> ARS Signed                      |