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NEW GROUP INTAKE REQUIREMENT CHECKLIST — GROUPS 51+ (PROSPECTIVE)

Important: Please complete and submit the information required below at the time of sale.		
GROUP NAME:		
EFFECTIVE DATE:		
Account Record Summary: Comeffective date. Please consult your		d by account no more than 30 days prior to tive for more information.
Rate Sheet		
Census/Account Roster (reflecting final enrollment and showing all eligible employees): must be signed and dated		
☐ Employee Applications (originals	s)	
Waiver of Coverage (WOC) forms, if applicable, for employees and/or dependents not electing health, vision and/or dental coverage		
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☐ Broker of Record Letter (on empl	loyer's letterhead)	
☐ Check or ACH for first month prem	nium	
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)		
Additional Information Needed for H Employer: HSA Group Set-Up Form HSA Deposit Transmittal Form Web-based HSA Banking Regist	-	t (HSA) Groups:
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:		
☐ Priority Control Log	□ BRU	Copy of Check and Deposit Sheet
☐ Email Notification	☐ SRA	ARS Signed NGI50+(12/09)