

**ENROLLMENT CHECKLIST FOR
100+ NEW GROUPS
INDEPENDENCE BLUE CROSS/KEYSTONE HEALTH PLAN EAST**
(Required 16 days prior to effective date)

GROUP NAME:

PERSONAL CHOICE and KEYSTONE - HMO OR POS

- Copy of the **IBC quote is attached, signed**
- Is **BOR** included? Is it signed by an owner, corporate officer or partner?
- Is **UC-2** included?
 - Is it the most recent quarter?
 - Is it signed?
 - Does the company name and address match Blue Group Enrollment form?
 - Make sure to cross out terminated employees.
 - Make sure to write P/T next to part-time employees.
 - Do number of apps match up to number of employees listed on UC-2?
 - If apps do not match # enrolling, are there waivers?
- If **no UC-2, See section below.**
- Are **individual applications** completed?
 - Signed by employee?
 - Is it an original blue/red ink application?
 - Employer section completed & signed
 - Birthdates and SS#s listed for each employee and dependent?
 - If Keystone application, was a PCP selected for member/dependents?
- If **waivers** are included, are they filled out correctly?
 - Waiving due to spousal coverage?
 - Is it original blue/red ink waiver?
 - Carrier listed with policy number?
- Is **premium check** included?
 - If Personal Choice, is it made out to Independence Blue Cross?
 - If Keystone, is it made out to Keystone Health Plan East?
 - Does address on check match Group application address?
 - If address differs from the paperwork submitted, is a letter included with paperwork to explain why
- Cover letter:** providing a summary page that includes group name, address, effective date and plan options that the group is electing.

WHAT IF'S.....

- *If officers enrolling who are not on UC2, need Articles of Incorporation or Company Minutes with names and titles printed.*
- *No UC-2?*
 - o *If new corporation, is UC-2 letter included, with employees' names and SS#'s printed.*
 - o *If new hire, is UC-2 letter included, with employees' names and SS#'s printed.*
 - o *If partnership, need partnership papers with all partners's names printed.*
 - o *If owners, need group or owner's Schedule C tax filing*

**ENROLLMENT CHECKLIST FOR
RETENTION GROUPS MAKING CHANGES
INDEPENDENCE BLUE CROSS/KEYSTONE HEALTH PLAN EAST
(Required 32 days prior to effective date)**

GROUP NAME:

PERSONAL CHOICE and KEYSTONE - HMO OR POS
(75% of 20+; 100% of 2-19 groups must enroll)

- _____ Is **Application for Small Employer Health Benefits** included and completed?
- _____ Broker information listed?
- _____ Group information listed?
- _____ Coverages selected on back?
- _____ Is it an original signature/application?
- _____ Is the Tax ID # listed?
- _____ Employer signed at bottom?
- _____ If 2-9 in size, is only ONE Rx option being offered?
- _____ If 10+ in size, are only TWO Rx option being offered?
- _____ Is **letter from group** stating the exact change attached and on letterhead?
- _____ Signed by officer of company? Are their name & title printed as well?
- _____ Are **individual applications** completed? (*needed only for new enrollees or for those employees making changes*)
- _____ Signed by employee?
- _____ Employer section completed?
- _____ Birthdates and SS#s listed for each employee and dependent?

WHAT IF's.....

- *Someone is transferring from Keystone?*
 - o *Include a transmittal terming them from Keystone*
 - o *Include an application for Personal Choice*

- *What if you are adding a line of business for the first time?*
 - o *Treat the case like a NEW group*