

**ENROLLMENT CHECKLIST FOR
RETENTION GROUPS ADDING ADDITIONAL PLAN
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?
_____ Signed by officer of company? Are their name & title printed as well?
_____ 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?
_____ Employer section completed?
_____ Birthdates and SS#s listed for each employee and dependent?
_____ If **waivers** are included, are they filled out correctly?
_____ Waiving due to spousal coverage?
_____ Carrier listed with policy number?
_____ Please include a cover letter indicating group's intentions with their renewal.

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' 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*