

ENROLLMENT CHECKLIST

1-50 GROUP MARKET

To enroll in an Anthem Blue Cross and Blue Shield benefit program, you must submit the applicable information listed below by the 20th of the month for the 1st of the following month effective date.

PLEASE NOTE: INCOMPLETE ENROLLMENT MATERIAL MAY BE RETURNED AND MAY RESULT IN A DELAY OF YOUR REQUESTED EFFECTIVE DATE.

- 1) Complete Enrollment and Membership Change form (0832 01/03)
 - (a) Indicate primary care physician (required employees and dependents enrolling in a Blue Care plan).
 - (b) Member signature and date on form.
 - (c) For Medicare Supplement, provide a copy of Medicare card indicating A and B coverage.
- 2) Family Health Statement (0111CT R4/03).
 - (a) All “yes” answers require an explanation on the reverse side. (May require supplementary medical information).
 - (b) Sign and seal in confidential envelope.
- 3) Signed Premium Worksheet or signed copy of proposal.
- 4) Copy of your last quarterly Connecticut State Income Tax Form #UC2/UC5 or Schedule C of your IRS form 1040.
- 5) Last paid bill from prior carrier.
- 6) Check payable to Anthem Blue Cross and Blue Shield for the first month’s premium.
- 7) Refusal/waiver form for any employee waiving due to spousal coverage (use Family Health Statement).
- 8) Completed Application for Group Insurance (0833 10/00)

Anthem Blue Cross & Blue Shield requires:

 - ◆ 100% participation (excluding spousal waivers) for groups size 2-9).
 - ◆ 75% participation (excluding spousal waivers) for groups size 10-50.
 - ◆ Sole carrier status for all groups size 1-50.
- 9) Completed Anthem Life Employer/Group Application.
- 10) Completed Anthem Life Employee Application.
- 11) Signed Anthem Life Rate Sheet.