

Group Rework 2-50 Agent Checklist Small Group Administration

This checklist outlines the documentation required for a request to be processed in a timely manner. Please verify all forms have been completed and the required documentation is included prior to submitting the request. Incomplete or missing information will delay processing. Agents and/or Marketing Assistants will be contacted for any missing information.

Submit requests via email to smallgroupreworks@bcbssc.com.

ALL REQUESTS ARE PROCESSED FOR A CURRENT EFFECTIVE DATE

OFF ANNIVERSARY CHANGES:

- Off Anniversary Changes require Underwriting approval.
- No carryover or extended benefit period allowed for Metallic plans.

LEVEL FUNDED GROUPS:

All changes must be approved by Underwriting.

BENEFIT CHANGE

- -Benefit Request Form and proposal benefits must match.
- -Must be received 15 days prior to the effective date.
 - ☐ Completed and signed Benefit Request Form.
 - ☐ Renewal Proposal with group number.

CONTRIBUTION CHANGE

- ☐ Request from group on company letterhead or company email with new contribution amount.
- ☐ Request should be received before requesting effective date.

DENTAL

- ☐ ADDING DENTAL
 - o Completed and signed Benefit Request Form.
 - Proposal is needed only if the group is making a benefit change.
 - Applications or census spreadsheet with member dental selections.
- \square REMOVING DENTAL
 - o Request from group on company letterhead or company email.

DUAL OPTION

- □ ADDING
 - Completed and signed Benefit Request Form to include reason for adding dual option and name of new dual option to include: address and contact information.
 - If no applications/census spreadsheet sent, please advise if client is adding members via BluesEnrollSM
 /Employee Navigator or sending applications/census spreadsheet to group.membership@bcbssc.com
 at a later date.
 - Renewal Proposal (needed only if the new dual option's benefits are different and must have AMMS group number on proposal).



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Request on company letterhead, company email or Benefit Request Form.

	Group Rework 2-50 Agent Cnecklist
LIFE	
	ADDING LIFE
	o Companion Life master application.
	o Member applications/census spreadsheet.
	CHANGING LIFE Signed Companion Life master application. Approval from Underwriting if requesting amount greater than \$15,000.
	REMOVING LIFE -Life is removed for the current effective date O Request from group on company letterhead or company email.
NAME (CHANGE
	Articles of Amendment or Bill of Sale/Purchase Agreement.
	Request from group on company letterhead.
	o Requires underwriting approval.
PROBA	TIONARY PERIOD CHANGE
	Request from group on company letterhead or company email with new probationary period.
	Request should be received before requesting effective date.
DEPAR	TMENTS CONTRACTOR OF THE PROPERTY OF THE PROPE
	ADDING DEPARTMENTS
	 Need department name (may give specific number or it will be assigned by Small Group).
	 Need spreadsheet with list of members and their department to be assigned.
	o Please note if departments are added, client can no longer receive monthly bill through Blue e-Bill.
	CHANGING OR REMOVING DEPARTMENTS
	o Request from group on company letterhead or company email.
ANNIVI	ERSARY DATE CHANGE - CANNOT BE CHANGED WITHIN 90 DAYS OF RENEWAL
	☐ Request on Benefit Request form or on company letterhead or company email.
	o Requires Underwriting approval.

New rates provided by Underwriting.

No retro anniversary changes after the renewal cycle has started.



LEVEL FUNDED GROUPS

Schedule A (must be signed).
ASA form.
Benefit Request Form (needed if making changes), (must be signed).