

Master group application

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

For 2 to 50 eligible employees

Effective July 1, 2009

Get on the fast track

This handy checklist will make it easier for you to assemble all the information and forms we need to process your application package. Check all the boxes, and it's ready to go!

Please see important endnotes on page 8.

- Master group application (form C15385)
- Employee enrollment applications (form C12914)
- Health Statements (form C15825) are required for guaranteed-issue groups of 2 to 14 enrolling employees and all non-guaranteed-issue groups.
- Employer Questionnaires (form C15146) are required for guaranteed-issue groups of 15 or more enrolling employees. These must be dated within 45 days of the requested effective date.
- Sole Proprietor, Partner, or Corporate Officer Statement (form C15293) for all enrolling owners/officers.
- Wage information for each enrolling employee will be required for eligibility verification as follows:
 - DE-6 for the previous quarter (notate updated employee status, i.e., part-time, full-time, or terminated)
 - All four DE-6s from the previous year if group eligibility is based on, or includes, part-time employees
 - Payroll records (for employees hired after the DE-6 filing)
 - Proof of owner/employer's eligibility if the owner/employer is not listed on the DE-6 (same as noted under "Owner Only Groups" below)
- Refusal of Coverage Forms for all eligible employees and any eligible dependents who refuse coverage. Refusal of Coverage Forms for dental or life insurance only applications are not required.
- A copy of the previous carrier's current billing statement (if applicable)
- Disability form (if applicable)
- A **business check** in the amount of the first month's dues as a deposit. Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield Life) will refund the full deposit to the group if the group application is declined.
- For groups that choose Blue Shield dental HMO or dental PPO coverage, vision coverage, or life insurance with health coverage, only one binder check is required. Simply note the portion of each product's dues on the check, payable to Blue Shield.
- Owner Only Groups will be required to submit documentation verifying that they are active businesses, employing permanent, full-time employees, including but not limited to the following documentation:
 - Sole Proprietorship: 1040 Schedule C for the preceding calendar year
 - Partnership: K-1 for the preceding year for each partner
 - Corporation: Articles of Incorporation (state seal affixed) including officers; K-1 or signed refusal for each officer eligible for coverage