small group probable action request form

For 2 to 50 enrolling employees

Complete information required to assess accurate probable action.

ATTENTION: LODI SMALL GRP MEDICAL UNDERWRITING FAX # (209) 367-6408

Group name	Total employees: (#eligibles/#enrolling)	Total dependents:
Contact person:	Telephone number:	Fax number:
Type of business:	Employer contribution: EE: % Dep: %	Prior Blue Shield coverage ☐ Yes ☐ No Group #

Member's name/ prior ID number	Age	Ht.	Wt.	Medical concerns / details	Date treated	Type of treatment & current status/ medications	U/W decision

Internal use only – Do not write below this line

Total members: _____ Average points: _____

Total points: _____ Underwriter decision: _____

THIS IS NOT A FINAL QUOTE: The RAF is based on the information submitted. Should any member have prior Blue Shield coverage there will be a review of prior claims history. Rate tiers may change after complete underwriting and group may be declined if Blue Shield Small Group Underwriting determines group is not guarantee issue as defined under AB1672.

An Independent Member of the Blue Shield Association C15408 (6/08)