New group enrollment checklist

Limited Liability

Partnership (LLP)

1.	Every new group i	s required to submit the following:				
		Dlication (either paper, Blue Shield MGA spreadsheet when used in conjunction Enrollment spreadsheet, or online portal*)				
	Applications from	Applications from all enrolling employees and dependents (either paper, Blue Shield Employee Enrollment spreadsheet, or online portal*)				
		ge forms for all eligible employees and any eligible dependents who refuse or the time of open enrollment (either paper, Blue Shield Employee Enrollment line portal*)				
	Applications for C maintenance)	OBRA or Cal-COBRA enrollees , if available* (may be submitted later as				
	First month's payr Form [†]	ment on company check stock or the completed Small Group Initial Payment				
	submissi	ll Group Initial Payment Form is used for the initial payment for new group ons only, and the initial payment must be a minimum of 75% of the anticipated th's payment.				
	 Blue Shie 	eld will refund the full deposit to the group if the group application is declined				
	*Employer/broker retai Enrollment spreadshee	ins these forms when applying through the online portal or using the MGA and/or Employee t.				
	†Employer/Broker retai	ns the Small Group Initial Payment Form when applying through the online portal.				
2.	(FT/FTE) employe additional documentation for employees.	or 2 eligible employees or less than 3 Full-time and Full-time Equivalent es or more than 95 FT/FTE employees are required to submit the following entation to verify eligibility. Blue Shield reserves the right to require this new groups with 3 or more eligible employees or 3 or more FT/FTE				
	The group's most i	recent DE9C Quarterly State Tax Withholding Statement*				
	Payroll register fo	r employees hired after the DE9C filing or if any employees are out of state [†]				
	enough to file their first	d employing at least one eligible common-law employee for longer than 6 weeks but not long DE9C must submit their payroll register covering the preceding 6 weeks. iilable for employees hired after the DE9C was file, submit their W-4s.				
	New groups with 1	or 2 eligible employees or less than 3 Full-time and Full-time Equivalent				
		es are required to submit the following additional documentation based on				
	5.	o verify group and owner eligibility. Blue Shield reserves the right to require this				
		new groups with 3 or more eligible employees or 3 or more FT/FTE				
_	employees.					
3	Sole Proprietorship	 Business license or other filed document confirming active status of the business 				
		2. If group uses a DBA:				
		DBA printed on the group's business check; or				
		Fictitious Business Name (FBN) filing				
		3. If owner is enrolling or refusing coverage and is not listed on the DE9C:				
		 Completed and signed Blue Shield of California Small Group 				
		Owner Eligibility Statement				
F	Partnership,	Partnership Agreement				
	Limited	2. If owners are enrolling or refusing coverage and are not listed on the				
F	Partnership (LP),	DE9C:				

Completed and signed Blue Shield of California Small Group Owner

Eligibility Statement for each owner not listed on the DE9C

Corporations	 Statement of Information or Articles of Incorporation If owners are enrolling or refusing coverage and are not listed on the DE9C: Completed and signed Blue Shield of California Small Group Owner Eligibility Statement for each owner not listed on the DE9C
Limited Liability Company (LLC)	 Statement of Information or Operating Agreement If owners are enrolling or refusing coverage and are not listed on the DE9C: Completed and signed Blue Shield of California Small Group Owner Eligibility Statement for each owner not listed on the DE9C
Nonprofit	 Statement of Information Nonprofit Corporation Bylaws Additional documentation that may be required: Nonprofit 990 EZ tax form Board of Directors or shareholders meeting minutes If officers, directors, and/or trustees are enrolling or refusing coverage and are not listed on the DE9C: W-2

3. Groups in the following categories have unique documentation requirements that must be submitted when **one or more employees** are enrolling:

Employers of union and nonunion employees

For small employer groups with union and nonunion employees, when the union members receive health coverage through a trust fund established by a collective bargaining agreement, Blue Shield will cover only the nonunion employees.

When the total number of both union and nonunion employees does not exceed 100, the employer can apply for small group coverage to cover only the nonunion employees. Only the eligible nonunion employees will be counted for purposes of minimum enrollment and participation requirements. To qualify for this coverage, the employer must provide Blue Shield with the following additional documentation:

Most recently filed DE9C and/or payroll register (payroll register required if any employees
are out of state) with union and nonunion employees identified
A copy of the collective bargaining agreement showing that the employer pays contributions to the trust fund
The Statement of ERISA Rights from the union trust fund Summary Plan Description

Professional Employer Organization ("leased") employees

employees by business location

Professional Employer Organization (PEO or "leased") employees are considered employees of the PEO company. Small employer groups that have canceled their PEO arrangement and hired the former PEO employees will be considered for coverage as a qualified small employer pursuant to small group rules.

For small employer groups that have recently canceled their contract with a PEO, the following additional documentation is required:

A copy of the letter sent from the PEO to the client business verifying the cancelation of the
leasing arrangement
A copy of a payroll register from the PEO company that separates the formerly leased

Combining multiple employer groups

If an owner believes that the structure of his/her holdings produces a single employer/employee relationship, Blue Shield will require filed ownership documentation for eligible subsidiaries/ affiliated companies.

Spin-off groups

A "spin-off group" is a newly formed business that is not yet eligible for qualified small group coverage, and in which a majority of the employees of the new business have left an established business ("former business") currently offering Blue Shield coverage to its employees. A spin-off group must meet all small group requirements except for the length of time that the group has employed at least one eligible common-law employee who was covered under the former business's Blue Shield small group health plan.

The requirements for issuance of coverage are:

- At least 50% of the employees in the spin-off group must have been enrolled in Blue Shield through the former business
- The new group does not have shared ownership with the business it has separated from

A spin-off group must submit the following documentation:

	W-4 forms for all W-2 employees
	Blue Shield of California Start-up/Spin-off Companies Small Business Eligibility Statement completed and signed by one of the group's owners
	Blue Shield of California Small Business Owner Eligibility Statement completed and signed by any additional owners who are enrolling or refusing coverage
	Filed owner documentation linking owner to business
	All enrollment documents (employer and employee applications, refusals, Small Group Initial Payment Form or business check for first month's payment)
Startu	up groups
has en that h	sup group must meet all small group requirements except for the length of time that the group apployed at least one eligible common-law employee. Blue Shield will consider startup groups are been in business and have employed at least one eligible common-law employee for less a weeks.
A start	up group must submit the following documentation:
	W-4 forms for all W-2 employees
	Blue Shield of California Start-up/Spin-off Companies Small Business Eligibility Statement completed and signed by one of the group's owners
	Blue Shield of California Small Business Owner Eligibility Statement completed and signed by any additional owners who are enrolling or refusing coverage
	Filed owner documentation linking owner to business
	All enrollment documents (employer and employee applications, refusals, Small Group Initial Payment Form or business check for first month's payment)