

# BlueCross BlueShield of Texas

**Broker** \_\_\_\_\_ **Account/Group Name** \_\_\_\_\_

## Small Employer Group Check-Off List for BestChoice PPO/Indemnity Products

*(This info also needed for any PPO enrollees for a Dual Option Plan)*

- |                                                                                                                                                                                                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Employer Application* completed and <b>signed by Group Executive/Agent</b> (original needed)                                                                                                  | Yes _____       |
| 2. BestChoice Rate Proposal with <b>benefit plan selected, SIGNED and dated by group</b>                                                                                                         | Yes _____       |
| 3. First month's premium check attached – <i>make payable to BCBS of Texas</i>                                                                                                                   | Yes _____       |
| 4. Employee Applications/Declinations signed (in ink)<br>(Legible copies please with original signatures – COBRA too if applicable)                                                              | Yes _____       |
| Have all employees been accounted for? Are there any COBRA/State Cont. participants?                                                                                                             | Yes _____       |
| 5. Copy of the most recent quarterly Wage & Tax Report filed with the TWC marking terminations and part-time employees                                                                           | Yes _____       |
| IF no TWC report available, must submit #6 below AND other business verification (i.e. DBA or Incorporation papers, Copy of sales tax permit or vendor invoices)                                 |                 |
| 6. Texas Supplemental Employment Verification form signed and completed for all employees who are <b>not</b> on the TEC report. (new employees, contract employees, owners, etc.)                | Yes _____       |
| 7. Copy of latest billing from group's current carrier (if applicable)                                                                                                                           | Yes _____       |
| 8. Verify 75% enrollment (of those employees eligible and <u>without</u> other coverage)                                                                                                         | Yes _____       |
| 9. Broker information / signatures ( <b>as you are appointed</b> ) completed on all documents?                                                                                                   | Yes _____       |
| 10. New Group Materials (Admin kit, benefit booklets & member cards) should be sent to?                                                                                                          | Broker OR Group |
| 11. What is the Employer Contribution? (minimum 50%)                                                                                                                                             | _____ %         |
| 12. IF Group <b>DECLINES</b> Maternity Coverage, Group <b>MUST</b> initial by decline box.<br>(option only to groups with less than 15 full/part-time employees; can <b>ONLY</b> add at renewal) | Yes _____       |
| 13. Signed Proxy Card                                                                                                                                                                            | Yes _____       |

**Sold Group Paperwork (100% complete and 100% correct) is due in the Houston office  
by DEADLINE DATES ATTACHED.**

Considering any missing/incorrect info, we strongly suggest you submit the sold paperwork

14 business days prior to desired effective date.

---

***Return all enrollment materials to:***    **Blue Cross Blue Shield of Texas**  
**Small Business Service Center**  
**Lock Box 84**  
**Dallas, TX 75254**

**2/04**