

To set up your Blue Cross & Blue Shield of Rhode Island (BCBSRI) coverage, simply submit the items listed below to your BCBSRI account executive or broker. Please note, these items must be completed and received by the 25th day of the month for all products (with the exception of BlueSolutions for HSA & BlueCHIP for Healthy Options) in order to be enrolled for coverage by the first of the following month. For BlueSolutions for HSA and BlueCHIP for Healthy Options, these items must be completed and received by the 15th day of the month.

- Sales Agreement, signed and completed in full
- Medical and/or Dental Membership applications, completed in full for each employee enrolling
- Signed Waiver forms for any eligible employees waiving due to having other coverage, as well as spousal and dependent waivers (if applicable)
- Payroll documentation indicating the eligibility status for each employee including owners of the group. Please note: All wage information may be blackened out for confidentiality purposes.
 - Acceptable forms of supporting documentation are listed in order of preference:
 - Most recent Schedule C, Schedule K1, or 1120S Schedule K for all owners of each business
 - Most recent payroll report from a third-party payroll processing company such as ADP or Paychex
 - Most recent Quarterly Tax and Wage Report
 - 1099 for any employee who fits the definition of an eligible employee, but does not appear on any document listed above
 - In addition, you need to supply a W-4 for any new hire who does not appear on the tax documentation (You must indicate the employee's hire date on the form.)
- Status Indicators:
 - E** - Enrolled
 - W** - Waiver
 - PT** - Part-time
 - S** - Seasonal
 - T** - Terminated
 - Temp** - Temporary
 - P** - Fulfilling probationary period (Please note date-of-hire and group's probationary period.)
 - COBRA** - For groups with 20 or more employees (Please provide the employee's last payroll date.)
- Check for the first month's premium
- Broker of Record Form completed in full (if applicable)
- Quote and Census Verification:
 - Membership application data matches data on census

Please mail all documents to:

Direct Group Marketing - 00129
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699
Thank you for choosing BCBSRI.