

# New Business Submission Checklist

(Deadline is the 23<sup>rd</sup> of the month prior to the requested effective date)



**Blue Cross  
Blue Shield**  
of Rhode Island

- ☐ Census and Proposed Rates
  - ☐ Verify that census provided with the proposal matches final enrollment. If not, update census and resubmit for revised rates prior to submitting enrollment paperwork
- ☐ Deposit Check
  - ☐ Must be at least 80% of the first month's premium
  - ☐ Must be made payable to BCBSRI
- ☐ Payroll (Certification) Documentation
  - ☐ Make sure you have a membership application or waiver for every eligible employee
  - ☐ Make sure you have payroll documentation for all employees, including owners
  - ☐ Cobra employees – write in at the bottom of payroll with their Cobra start date & include a copy of the last payroll they appear on
- ☐ Applications
  - ☐ Check to make sure application is filled out completely, including the following:
    - Effective date
    - Date of Hire
    - Marital Status – if married but enrolling as single, make sure spousal waiver is completed
    - SSN's for every subscriber and dependent
    - Birth Dates for every subscriber and dependent
    - Signatures
- ☐ Waivers
  - ☐ For every employee on payroll who is eligible but not enrolling, including dependents and spouse (even when separated) who is eligible but not enrolling on the employees plan
  - ☐ Check to make sure waiver is filled out completely, including the following:
    - Spouse and children's names
    - Type of waiver and what product(s) the waiver is for
    - Reason for waiver (if "other", please provide an explanation)
    - Signature of the employee or the employer
- ☐ Check participation requirements
  - ☐ Group must have at least 75% participation in the health plan. Waivers for other coverage are not included in the eligible count
- ☐ Sales Agreement
  - ☐ Check to make sure the following are filled in:
    - Federal ID #
    - Effective Date
    - SIC Code
    - Employee Probationary Period
    - Plan Desired (please indicate "see attached" where medical rates normally go)
    - Original Signature from Employer
- ☐ Broker of Record Letter
  - ☐ Must include Broker Full Name, Agency Full Name and Broker Number
  - ☐ Must be signed by a company officer