

# New Blue Request for Final Rates Groups 1-50 Lives

## BlueCARE® BlueOPTIONS<sup>SM</sup> CLASSIC Blue®

Producer Name: \_\_\_\_\_ Producer Number: \_\_\_\_\_

Group Name: \_\_\_\_\_ Group Tax ID Number: \_\_\_\_\_

Effective Date Requested: \_\_\_\_\_ *(New Blue can only be the 1st of the month effective date)*

Prospect / Quote Number: \_\_\_\_\_

**Be sure to include a copy of the provisional quote, please submit all pages of the benefit highlights and rates.** If you do not have provisional rates, please complete the Benefit Highlight Request Form *(to indicate the benefits you want quoted)*.

**Note: All required materials for final rates must be fully completed and received in the Group Fulfillment Center at least twenty-one (21) days prior to effective date requested.**

*This will help ensure producers have enough lead time to receive rates, present them to the group and return enrollment verification back to GFC prior to the 14 day enrollment deadline. All forms must be fully completed, signed and dated within 90 days of the requested effective date.*

Number of Employees Applying	✓	Forms Required
<b>1-24 Employees</b>	<input type="checkbox"/>	Risk Appraisal Form with Sections 1,2,3,5 completed (F39, 4/00) <i>(It is not necessary to fill out Section 4 on this form for 1-24 employees because each employee is required to answer health questions on the individual enrollment application)</i>
	<input type="checkbox"/>	Individual Enrollment applications with health questions answered (UNDER 25)
	<input type="checkbox"/>	Copy of current carriers latest billing statement <i>(within 63 days)</i>
	<input type="checkbox"/>	Declination of Coverage Forms for any <b>employees</b> rejecting health insurance coverage
<b>1-9 Employees</b> <i>(In addition to the above requirements)</i>	<input type="checkbox"/>	Most recent NC Quarter Tax and Wage (NCUI 101) and <i>payroll records for anyone hired subsequent to the Tax and Wage (19's are required for employees hired after cutoff date of last tax and wage and not yet on the payroll records)</i>
<b>1 Person Group or Sole Proprietor</b> <i>(In addition to the above requirements)</i>	<input type="checkbox"/>	<i>Must be in business for at least one year, must show a profit in one of last 2 years, copy of IRS Form Schedule C or F with line 31 showing minimal profit of \$18,000 (if less than \$18,000, submit copy of IRS 1040)</i>
	<input type="checkbox"/>	Small Group Disclosure Form (F96) <b>(1 Person Group ONLY)</b>
<b>25-50 Employees</b>	<input type="checkbox"/>	Risk Appraisal Form (F39, 4/00) with <b>all sections completed</b>
	<input type="checkbox"/>	Census
	<input type="checkbox"/>	Copy of prior carriers renewal letter <i>(most recent)</i>
	<input type="checkbox"/>	Copy of prior carriers billing statement <i>(within 63 days)</i>
	<input type="checkbox"/>	If no prior coverage, health applications with health questions and rejection forms are required

MAILING ADDRESS	PRIORITY DELIVERY SERVICE ADDRESS <i>(except Express mail)</i>
Blue Cross and Blue Shield of North Carolina Group Fulfillment Center PO Box 30013 Durham, NC 27702-3013	Blue Cross and Blue Shield of North Carolina Group Fulfillment Center 1965 Ivy Creek Boulevard Durham, NC 27707
Phone: 1-888-BLUE-4-YOU (258-3496)	Fax: 1-888-255-BCBS (255-2227)

An Independent licensee of the Blue Cross and Blue Shield Association © Registered marks of the Blue Cross and Blue Shield Association. SM Service mark of Blue Cross and Blue Shield of North Carolina. V466, 10/05