

# CHECKLIST

for Submitting New Regulated Small Groups  
(groups with 2–50 eligible employees)

Group Name	
Effective Date	

## GROUP INFORMATION

<b>Chamber Choice</b> (Verification Required) <input type="checkbox"/> TULSA <input type="checkbox"/> OKC <input type="checkbox"/> STATE	<b>Associations</b> (Verification Required) <input type="checkbox"/> OMHP <input type="checkbox"/> OTHER: <input type="text"/>	<input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> BLUE OPTIONS <input type="checkbox"/> BLUE OPTIMIZE	<input type="checkbox"/> INSURE OKLAHOMA (1st of month billing only) <input type="checkbox"/> FDL <input type="checkbox"/> DENTAL
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## REQUIRED ITEMS FOR ALL GROUP SUBMISSIONS

- Signed and completed Benefit Program Application (BPA)
- Most recent quarter of OESC report. (Indicate terminated and part-time employees)
- Small Business Application/Request for Change in Membership (2-4); Group Enrollment Application/Request for Change in Membership (5-50).
- Updated Group Employer Medical Questionnaire (Not required for group size 2-4 or Chamber Choice)
- Signed Supplemental Employment Verification Form listing new hires, owners, or other employees not listed on OESC.
- Signed Small Group Proposal
- Medicare Secondary Payer Form

## BILLING OPTIONS

- Single Bill
- Split By
  - Category (i.e., location, employee type)
  - Product (i.e., BlueChoice, BluePreferred, BlueOptions, etc.)
  - Page Break by Category
- Multiple Bills

Please Explain:

Please refer to page 2 of this checklist for specific instructions regarding the submission of your group paperwork.

**PRINT FORM**



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Sole proprietorships, partnerships, Limited Liability Companies (LLC), farms, churches, etc., may not have to file OESC reports with the State. In these cases, legal documents must be provided verifying the existence of the legal entity. Payroll records, Schedule C filings or other income (payroll records) will also be required to verify the employer/employee relationship. Limited Liability Companies (LLC) must provide the legal document known as the Operating Agreement of the LLC with the names and addresses of the past and present owners and members. Current owners and members not applying for coverage are required to complete a declination form.

## NOTE

For Deductible Credit: A recent Explanation of Benefits (EOB), indicating the amount of deductible met, is required for employees to receive deductible credit. The EOB needs to be attached to a Deductible Credit Form. Missing EOB information will not delay the group processing, however, deductible credit will not be given until this is received. Deductible credit can only be given for the plan being replaced.

## REQUIRED GROUP SUBMISSION FORMS

**BPA** - The Benefit Program Application is the formal request for group health coverage. It is part of the Group Administration Document and is used to determine which benefits the group has selected to purchase. The BPA is completed jointly by the group and the Agent. It is then signed by the group and counter signed by a licensed and appointed Agent.

**Group Employer Medical Questionnaire** - The Group Employer Medical Questionnaire is used to disclose known health conditions and is required for all groups over 5. This form is completed and signed by the group and counter signed by the Agent. (Not required for Chamber Choice.)

**Oklahoma Supplemental Employment Verification** - This form is completed when the company applying for coverage employs individuals who are not listed on the OESC / wage and tax / payroll reports (new hires, owners, others). The form requires the group administrator and agent's signature.

**Application** - This form is completed by the employee and is used to select benefits and provide information on themselves and their dependents.

**Declination** - As required by the Oklahoma Small Business Reform Act, this form must be completed by each eligible employee not electing benefits.

**Signed Small Group Proposal** - This form is the plan selection page contained within the Small Group proposal. The group should complete and return the plan selection page which corresponds to the enrolling proposal/ quote ID. The completed form must include the elected enrolling plan(s) as well as be signed and dated by the plan administrator.