

**BLUE CROSS & BLUE SHIELD OF RHODE ISLAND**  
**GNA NEW BUSINESS UNDERWRITING CHECKLIST**

Note to group: You must COMPLETELY fill out this checklist and submit the checklist to Underwriting prior to receiving medically underwritten rates. The information provided on this checklist will be used by Underwriting to determine whether the applicant meets BCBSRI minimum underwriting policies at all, the scope of coverage to be offered, and whether the applicant is to be classified and/or rated as a small or large employer. **Rhode Island law now prohibits us (or any small employer carrier) from issuing coverage to any group with fewer than 51 eligible employees enrolled, without first receiving the information, documentation, and waivers described in this form.**

**Section I – General Information**

Name of Employer: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

Street Address of Primary Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_

Was the employer formed for the purpose of buying health insurance? Yes \_\_\_\_ No \_\_\_\_

Current Carrier \_\_\_\_\_ Individual Rate \_\_\_\_\_

Sub/Spouse Rate \_\_\_\_\_ Employee/Children Rate \_\_\_\_\_ Family Rate \_\_\_\_\_

If your Workers' Compensation carrier is Beacon Mutual, please enter your policy number: \_\_\_\_\_

**Section II – Employer Information (If more space is needed, please attach a separate sheet.)**

A. Does this business have offices/locations at other addresses or in states other than your primary location listed above? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the information below:

_____	_____
City/State	Number of eligible employees

B. Does this group own any other business; is jointly or cooperatively managed or operated with another business; or does this group also has full/partial ownership of any other business? Yes \_\_\_\_ No \_\_\_\_

*If yes, please provide the following:*

Name of Business	Names of Owners	Percentage of Ownership (for each owner)
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_____	_____	_____
_____	_____	_____

**Section III – Rate for the following products:**

**Riders:**

- Acupuncture
- Vision
- Good Health Benefit

**Other:**

**Drug Options:**

- 5/15/30
- 7/25/40
- 7/30/50
- 7/30/50 \$500 Deductible
- \$8/30%/50%
- \$8/30%/50% \$500 Deductible

Essential Dental

**Section IV – Status of Employees Eligible for Health Insurance**

Your group coverage cannot be implemented if you do not submit the following supporting documentation with this form.

**A. Supporting documentation\***

You must document that every individual meets the requirements of an "eligible employee," including owners of the group. (The definition of an eligible employee can be found in Appendix One.) In general, payroll will provide this information.

***All wage information may be blacked out for confidentiality purposes.***

**\*Acceptable forms of supporting documentation are listed below in order of preference:**

- 1. Most recent Schedule C, Schedule K1, or 1120S Schedule K for all owners of each business;**
- 2. Most recent payroll report from a third party payroll processing company (for example, ADP or Paychex);**
- 3. Most recent Quarterly Tax and Wage Report;**
- 4. 1099s for any employee who fits the definition of an eligible employee, but does not appear on any document listed above;**
- 5. In addition, you also need to supply a W-4 form for any new hire not appearing on the tax documentation (You must indicate their hire date on the form.).**

**Please note: Any payroll documentation submitted should contain the eligibility status for each employee as follows:**

**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 last payroll the employee appeared on**

**B. Waivers**

**Please provide a waiver form for any eligible employee or his or her eligible dependent who is not currently enrolled on the group plan (copy of waiver form attached).**

## Appendix One – Definitions

### 1. Eligible Employee

"Eligible employee" generally means an employee who works on a full-time basis with a normal work week of thirty (30) or more hours. At your sole discretion, "eligible employee" can include all full-time employees who work a normal work week anywhere between seventeen and one-half (17.5) and thirty (30) hours, as long as you apply the same eligibility criteria to all employees and without regard to any health status related factor.

The term "eligible employee" may include a self-employed individual, a sole proprietor, a partner in a partnership, and an independent contractor if any of those individuals are included as employees under your health benefit plan.

The term "eligible employee" does not include temporary employees, substitute employees, or employees who work less than seventeen and one-half (17.5) hours per week. Any retiree under contract with any independently incorporated fire district is also included in the definition of eligible employee.

### 2. Small Employer

"Small employer" means any person, firm, corporation, partnership, association, political subdivision, or self-employed individual that is actively engaged in business, including, but not limited to, a business or a corporation organized under the Rhode Island Non-Profit Corporation Act, Chapter 6 of Title 7, or a similar act of another state that, on at least fifty percent (50%) of its working days during the preceding calendar quarter, employed no more than fifty (50) eligible employees, with a normal work week of thirty (30) or more hours, the majority of whom were employed within this state, and is not formed primarily for purposes of buying health insurance and in which a bona fide employee-employer relationship exists. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of taxation by this state, shall be considered one employer.