

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 _____

	Benefit Plan	Monthly Rates			
		EE	EE/Spouse	EE/Child(ren)	Family
Current					
Renewal					

If your Workers' Compensation carrier is Beacon Mutual, PLEASE ENTER 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)

Section III – Rate for the following products:

Riders:

- Acupuncture
- Vision

Drug Options:

- \$5/15/30/30
- \$7/25/40/40
- \$7/30/50/75
- \$7/30/50/75 \$500 Deductible

Other:

- Essential Dental