

BLUE CROSS-BLUE SHIELD OF NC GROUP ENROLLMENT CHECKLIST

EMPLOYER FORMS:

1. APPLICATION FOR BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA COVERAGE (FORM APPLY 1).
2. EMPLOYER RISK APPRAISAL (FORM F39).
3. HEALTH INSURANCE FOR SMALL BUSINESSES (FORM F96).
4. AGENT OF RECORD LETTER (PLEASE PHOTOCOPY ONTO YOUR FIRM'S LETTERHEAD).
5. COPY OF PRIOR CARRIER'S MOST RECENT BILLING STATEMENT.
6. **IF 7 OR LESS EMPLOYEES, MOST RECENT EMPLOYER'S QUARTERLY TAX AND WAGE REPORT (FORM NCUI-101 FILED WITH THE NORTH CAROLINA EMPLOYMENT SECURITY COMMISSION).**
7. **BINDER CHECK FOR THE FIRST MONTH'S ESTIMATED PREMIUM, MADE PAYABLE TO BLUE CROSS-BLUE SHIELD.**
8. **ADVISE REQUESTED EFFECTIVE DATE** _____
9. **ADVISE REQUESTED QUOTE NUMBER** _____
10. APPLYING FOR DENTAL COVERAGE _____ YES _____ NO
11. APPLYING FOR LIFE INSURANCE _____ YES _____ NO
12. **PROVIDE FIRM'S EIN NUMBER** _____
13. **PROVIDE FIRM'S FAX NUMBER** _____
14. **PROVIDE EMAIL ADDRESS FOR FIRM** _____
15. ONE MAN GROUP -PROVIDE 1040, SCHEDULE C AND W-2 FORMS
16. ONE MAN GROUP - PLEASE PROVIDE COPY OF ARTICLES OF INCORPORATION
17. ONE MAN GROUP'S- WITHOUT TAX AND WAGE MUST PROVIDE CURRENT PAYROLL RECORDS
18. ONE MAN GROUP'S - WITHOUT TAX AND WAGE MUST PROVIDE LETTER ATTESTING THAT EMPLOYEE/EMPLOYER WORKS AT LEASE 30 HOURS PER WEEK (THIS LETTERMUST BE ON COMPANY LETTERHEAD).

EMPLOYEE FORMS:

1. ENROLLMENT APPLICATION & CHANGE FORM (FORM ENROLL 1); LIFE INSURANCE FORM IS ATTACHED TO THIS FORM UNDER SECTION H.
2. DECLINATION OF COVERAGE FORM (IF NEEDED) (FORM DECLINE 1)

NOTE: BLUE CROSS ISSUES COVERAGE ON THE 1ST OF EACH MONTH. ALL ENROLLMENT FORMS SHOULD BE IN OUR OFFICE 30 DAYS PRIOR TO ISSUE.

THANK YOU AND YOUR BUSINESS IS SINCERELY APPRECIATED

**THE FOSTER INSURANCE GROUP
HEALTH PLAN PURCHASING CO. OF NC (HPPC)**

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