

# Group Application for Blue Cross and Blue Shield of North Carolina Coverage

<input type="checkbox"/> New Group	Prospect Number: _____	<input type="checkbox"/> Renewal Group	<input type="checkbox"/> Medical Renewal (No Changes) <input type="checkbox"/> Medical Renewal (With Changes)	Group Number: _____	Effective Date: _____
1. Name of Group: _____				Tax ID No (EIN): _____	
2. Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
3. Physical Address:					
ADDRESS 1			ADDRESS 2		
CITY		STATE	ZIP CODE	COUNTY	
Billing Address: (if different from above) ADDRESS 1					
CITY			STATE	ZIP CODE	
Group Administrator:		Telephone Number:	Fax Number:	Email Address:	
4. Divisions/Subsidiaries/Affiliates to be covered (attach list if necessary):					
Name: _____			Relationship: _____		
Address: _____			Nature of Business: _____		
5. Industry Type (NAICS Code): _____	6. Do any eligible employees reside outside the State of North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list states:</b> _____				
<b>GROUPS 1-50 ELIGIBLE EMPLOYEES ONLY:</b>					
7. The Group certifies that it meets the definition of Small Employer Group as follows: any individual or entity actively engaged in business that, on at least fifty percent (50%) of its working days during the preceding calendar quarter, employed no more than 50 eligible employees, the majority of whom are employed within this State, and is not formed primarily for purposes of buying health insurance and in which a bona fide employer-employee 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 the purpose of taxation by the State of North Carolina, shall be considered one employer. <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. The Group certifies that all individuals enrolling for coverage meet the following definition of eligible employee: An eligible employee is an individual working 30 hours or more per week on a full-time basis with the employer reporting the FICA withheld by W2 Form on an annual basis. Persons whose compensation is reported entirely on 1099 Forms are not generally considered eligible. An individual who is a "statutory employee" as that term is defined under Internal Revenue Code Section 3121(d)(3) and works on a full-time basis for the Group may be considered eligible for small group coverage only. Documentation of "statutory employee" status is required. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. <b>ELECTED OFFICIALS:</b> If you employ Elected Officials, do you want to provide Elected Official coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (Applies to municipalities and county government only)					
10. <b>Health and USABLE Life Products:</b> Eligibility requirements to be applicable to future employees <b>Note: "0 day probationary period" is only available for health coverage for groups of 6 or more eligible employees:</b>					
<input type="checkbox"/> 1st of the month following 30 days		<input type="checkbox"/> Next day following 60 days		<input type="checkbox"/> 0 day probationary period, effective on date of hire	
<input type="checkbox"/> Next day following 30 days		<input type="checkbox"/> Next day following 90 days			
<input type="checkbox"/> 1st of the month following 60 days		<input type="checkbox"/> 0 day probationary period, effective 1st of the month following the date of hire			
11. Choose one of the following to be applicable to employees terminating health coverage:					
<input type="checkbox"/> End of the contract month following employment termination					
<input type="checkbox"/> Last day of employment ( <b>only available to groups of 6 or more eligible employees</b> )					
12. Pre-existing waiting period options – health only (no waiting periods for those under age 19):					
<b>Groups 1-50 Eligible Employees</b>		<b>Groups 51+ Eligible Employees</b>			
<input type="checkbox"/> Applies to all timely and late enrollees.		<input type="checkbox"/> Applies to all timely and late enrollees.		<input type="checkbox"/> Waived for original effective date enrollees, late enrollees delayed to open enrollment. Applies to subsequent timely and late enrollees.	
		<input type="checkbox"/> Waived for original effective date enrollees and subsequent timely enrollees. Applies to late enrollees.			
		<input type="checkbox"/> Waived for all enrollees timely and late.			
		<input type="checkbox"/> Waived for original effective date enrollees.			
13. <b>GROUPS 51+ ELIGIBLE EMPLOYEES:</b> BCBSNC standard eligibility allows for persons to be covered who are active, full-time employees, working 30 hours or more per week and their eligible dependents. Underwriting approval is required for any additional eligibility requests.					
<b>Domestic Partner Coverage Options</b> (check all that apply):		<b>Pre 65 Retirees:</b> (Before Eligible Retiree Coverage)		<b>Other Special Eligibility</b> (please specify): _____	
<input type="checkbox"/> None <input type="checkbox"/> Same Sex <input type="checkbox"/> Opposite Sex		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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**BlueCross BlueShield**  
of North Carolina

Group Name: \_\_\_\_\_

14. For Health Coverage (applicable only for group of 100+): Number of Eligible Employees: _____ Number of Enrolled Employees: _____	15. Group Employer Contribution (percentage) for health coverage: Employees: _____ % Dependents: _____ %
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16. All employer-sponsored group health plans must offer COBRA continuation coverage unless the employer is exempt from COBRA. (An employer is exempt if the group (i) employed fewer than 20 employees (including all full-time, part-time, and seasonal employees) on at least 50% of its working days during the preceding calendar year; or (ii) is a church plan or governmental plan as defined under the Internal Revenue Code.)

**Is your group health plan required to comply with federal cobra continuation coverage requirements for this contract year?**  
 Yes  No

17. The Employee Retirement Income Security Act of 1974 (ERISA) regulates employee health benefit plans sponsored by most employers. Governmental Plans and church-sponsored plans (as defined by federal law) are exempt.  
 Will this coverage insure an Employee Welfare Benefit Plan that is regulated by ERISA?  Yes  No

**If you checked yes, please identify a contact person for ERISA plan information.**

Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

18. Under federal law, the Plan Administrator may be required to provide a notice to Plan Participants who do not read English but are literate in another language, advising them of where they can get information and assistance concerning their benefits and member rights. The notice must be in their primary language and appear in the summary plan description (member booklet and notices regarding internal claims and appeals). The following information is being requested to determine if such a notice will be necessary. It may also assist BCBSNC in meeting special customer service needs.

<b>For Groups 1-99:</b> Are 25% or more of all plan participants literate only in the same foreign (non-English) language? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes,</b> what is the primary language (e.g., Spanish)? _____	<b>For Groups 100+:</b> Are 10% or more (or 500) of the plan participants whichever is less, literate only in the same foreign (non-English) language? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes,</b> what is the primary language (e.g., Spanish)? _____
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19. The Group acknowledges that it agrees to pay BCBSNC the following rates for the benefits below.  
 Please check the benefit plan(s) you have selected for your group. If you will be contributing to an HSA during the benefit period, please verify benefit plans, annual contribution amounts, and the HSA administrator you will be contributing through. If the BCBSNC chosen HSA administrator has been selected for the HSA, please also verify if fees should be included in the premium or deducted from the employee's HSA account.

**HRA product is not currently available to Groups 1 to 50**  
**Blue Options<sup>SM</sup> PPO/Blue Care<sup>®</sup> HMO/Classic Blue<sup>®</sup> CMM Plans**  
**Product and quote numbers will display here.**

**Blue Options HSA<sup>SM</sup>/HRA Plans**

	Quote Number	LOB	ANNUAL FUND CONTRIBUTION AMOUNT (in dollars)					HSA/HRA Administrator	Include in Premium	Deduct from Employee's HSA Account
			Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family			
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

Please write in quote information, if existing quotes do not reflect the Group's final choices. Please note that any change in the amounts you listed above could result in a change to the rate you were quoted.

20. For groups 51+ are you selecting the Flexible Spending Account (FSA) administered by BCBSNC for your employees?  Yes  No

If yes, check which element(s) of the FSA are being offered to your employees:

FSA with medical?  Yes  No  
 FSA dependent care?  Yes  No  
 FSA limited purpose (HSA only)?  Yes  No

21. **Certification of Compliance with Federally and/or State Mandates:** Federal Social Security laws require employers to provide primary health care benefits under employer group health plans to certain individuals who are entitled to Medicare. The Group certifies and agrees that individuals eligible for Medicare, who are required to receive primary health care benefits under the Group's employee group health plan pursuant to federal Social Security laws, will be enrolled in a manner consistent with such laws. The Group hereby agrees to indemnify BCBSNC, hold it harmless against and reimburse it for any and all expenses paid or incurred by BCBSNC due to any act or omission of the Group or the employer inconsistent with the relevant Social Security laws, as amended. If the Group allows its employees to enroll for coverage electronically, the Group is responsible for providing its employees with the appropriate notices regarding special enrollment and pre-existing condition limitations, if applicable.

**Life/ADD/STD:**

**Only complete this section if you are adding or changing coverage for Life/Accidental Death & Dismemberment (ADD)/Short Term Disability (STD) Underwritten by USable Life, an independent life insurance company, that does not provide BCBSNC products or services and is solely responsible for the life and disability insurance coverage below.**

- Renewal (No Changes)  
(If you check No Changes - do not complete the Life/ADD/STD section.)
- Renewal (With Changes)

22a. Number of Employees:  Eligible: _____ Enrolled: _____	22b. Employer Contribution (percentage):  Life and ADD _____ %      Supplemental _____ % Dependent Life _____ %      STD _____ %
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Class Descriptions	Life/ADD*	Supplemental	Short Term Disability
	<input type="checkbox"/> Amount of Insurance	<input type="checkbox"/> Life <input type="checkbox"/> ADD Amount of Insurance	<input type="checkbox"/> Salary Multiple <input type="checkbox"/> Flat Schedule Maximum Weekly Benefit
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

\* If Life and ADD benefit is a multiple of salary, the amount will be rounded to the next higher \$1,000.

24. Short Term Disability (non-occupational):

Accident	Sickness	Duration	The maximum weekly and the benefit
_____ Days/	_____ Days/	_____ Weeks	STD benefits is \$ _____ may not exceed _____ %
			of an insured's weekly income (excluding bonuses, overtime or any form of extra pay).

25. Dependent Life Insurance (Benefit amounts are limited in some states):  Yes  No

**Children:**  from birth to 6 months \$ \_\_\_\_\_ **Spouse:** \$ \_\_\_\_\_

6 months to 26 years \$ \_\_\_\_\_

26. Reductions and Termination (Benefit reduction due to age will be effective on the insured's birthday.)  
Employee Life and ADD benefits reduce by the following percent or to the amount shown. Benefits terminate when an employee is no longer eligible as an active employee or at retirement.

At Age 65	At Age 70	Terminates	Other
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27. Guaranteed Issue Amount \$ \_\_\_\_\_ (Life and ADD amounts over Guaranteed Issue are subject to evidence of insurability.)

**COMPLIANCE NOTICE:** USable Life does not provide legal or tax advice. Based upon information you have provided USable about your group, USable Life will notify you if USable Life perceives any obvious deficiency in your plan, but you must consult your own legal counsel for definitive advice and opinions regarding your plan's compliance.

**WARNING:** It is or may be a crime to knowingly provide false, incomplete or misleading information to USable Life for the purposes of defrauding USable Life or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law. It is further understood and agreed that this application shall be made a part of the USable Life policy or policies applied for and that no insurance shall be effective until approved by USable Life's home office.

