

EMPLOYER NEW GROUP CHECKLIST

- Employer Application** (*fillable version*)
- Group Certification Document** (*fillable version*)
- Copy of a company check** (*preferred*) **or** ACH form (*fillable version*)
 - Funds must be from a US Bank, in US Currency, and made payable to Blue Cross Blue Shield of Arizona (BCBSAZ) in the estimated amount of the group's first month premium.
 - Check issued to BCBSAZ does not bind coverage.
 - **Please note, the ACH debit is a one-time payment only.**
- Enrollment Census** (*preferred*) or Employee Application
 - Must list all eligible employees and indicate plan that employee and dependents (if applicable) are enrolling.
 - If waiving coverage, please include the appropriate waiver code using reasons A-I listed on the Employee Application.
- For COBRA use Enrollment Census** (*preferred*) or COBRA Application
- Groups of 2-9 AHP eligible employees only** – A reconciled copy of the employer's most recent **Quarterly Unemployment Tax and Wage Report (UC-018)** and payroll records for those employees not appearing on current Quarterly Tax and Wage Report. Please document each employee as fulltime (FT), part-time (PT), or terminated (T), including term date.
- Groups of 2-9 AHP eligible employees only** - If applicable, **Sole Proprietor, Partner, L.L.C. Member, or Corporate Officer Statement Form** and the supporting documentation for each enrollee applying for coverage who does not appear on the Quarterly Tax and Wage Report.
- If applicable, **Common Ownership Form** *and* **current organizational chart**
- Copy of BCBSAZ sold rates (from proposal) with sold plans clearly marked**

If you have any questions regarding the information above, please contact your Business Development Executive.

Please email completed sold group documentation to your BCBSAZ Business Development Executive. Our email system will not accept attachments larger than 10 mega-bytes so please breakdown the submission into separate emails.