

New group submission checklist

Please be advised that this is just a guideline and that other documentation may be required.

- Business check in amount of first month's premium **or** completed Check-By-Fax Form for first month's premium.
- Master group application (**please use current version – outdated versions will not be accepted**).
- Sole proprietor, partner, or corporate officer statement (Owner Affidavit) – to be completed by all eligible owners.
- Employee application (**please use current version – outdated versions will not be accepted**).
- Refusal of Coverage form (for eligible employees declining coverage or employees declining coverage for eligible dependents).
- Prior carrier bill including the page that lists all members on the previous policy (if applicable).
- Most recently filed DE9C. Please reconcile to note each employee's status; if any employee is terminated, please indicate the employee's termination date.
- If there is a new hire who is not listed on the DE9C, please provide payroll from date of hire **or** W-4 if new hire has not been working long enough to be on payroll yet.
- If owner is not on the DE9C, please provide most recent K-1 or Schedule C (if they have filed an extension, please provide a copy of the extension and the previous year's K-1 or Schedule C).
- Fictitious Business Name Filing is required if the group uses a DBA name, or if there is more than one business name reflecting on any document or ownership paperwork submitted.
- Legal documents (**see UW Guidelines**) – Articles of Incorporation, Statement of Information, Partnership Agreement, etc. that list the names of **all corporate officers/owners/directors**.

Standalone specialty benefits

The new group submission checklist applies to dental, vision,* and life insurance* when provided alongside Blue Shield medical plans. For a simplified checklist of submission requirements when purchasing dental, vision, or life insurance without a Blue Shield medical plan offering, contact your Blue Shield sales representative.

* Underwritten by Blue Shield of California Life & Health Insurance Company.