

## BROKER / EMPLOYER NEW GROUP CHECKLIST

### Documentation Required

- 2-99 Employer Application Exhibit B, **(All fields must be completed, All Size Groups).**
- Group Certification Document, Exhibit B1, **(Version 14580 0111, All Size Groups).**
- A company check, made payable to Blue Cross Blue Shield of Arizona (BCBSAZ), in the estimated amount of the group's first month's premium -- **Please Note:** Check issued to BCBSAZ does not bind coverage. **(Received prior to issuance of group number, All Size Groups).**
- Employee Application for each employee enrolling OR waiving coverage for self, spouse and/or dependents. If waiving coverage, please include the appropriate waiver code using reasons A – H listed on the Employee Application. **(All Size Groups).**
- COBRA Employee Application for each COBRA continuant enrolling for coverage **(if applicable). The Group must complete the information at the bottom of the application.**
- Employee Family Medical Questionnaire for each employee and COBRA continuant enrolling for coverage. All applicants must sign and date the form, **(signature date must be within 90 days of the group's effective date)** at which time it becomes Confidential Personal Health Information (PHI) under HIPAA regulations. Employees waiving coverage do not need to complete. **(Required for Groups of 2-25 AHP eligible employees only).**
- A reconciled copy of the employers 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. **(Required for Groups of 2-25 AHP eligible employees only)**
- A copy of the employer's most recent prior carrier billing statement **(if applicable, All Size Groups).**
- Sole Proprietor, Partner, LLC, Member, or Corporate Officer Form and the requested documentation for each enrollee applying for coverage that does not appear on the Quarterly Tax and Wage Report **(if applicable, for Groups of 2-25 AHP eligible employees only).**
- Common Ownership Form **and** current organizational chart **(if applicable, All Size Groups).**

If you have any questions regarding the above information please contact your Account Executive or the New Business Unit at 602-864-4400, ext 2060 or 4127.

**FOR ANCILLARY PRODUCT ENROLLMENT MATERIALS, PLEASE CONTACT YOUR  
ACCOUNT EXECUTIVE OR CSA GENERAL INSURANCE AGENCY, INC.  
AT (602) 864-5230**