

Please use this checklist to ensure that all forms and information needed to process your group application are included in the submission packet to **Claremont Insurance Services**.

## Blue Shield Small Group (2-50) Enrollment Checklist

- Master Group Application (signed within 30 days of requested effective date) – Form C15385
- Employee Enrollment Applications (signed within 45 days of requested effective date) – Form C12914
- Employee Health Statements - Required for groups of 6-14 employees enrolling and signed within 45 days of requested effective dates. Groups of 2-5 employees enrolling who want automatic 1.10 RAF do not need to submit Health Statements. – Form C 15825
- Employer Questionnaire (required for 15+ enrolling and signed within 45 days of requested effective date) – Form C15146
- Refusal of Coverage Forms for all eligible employees and any eligible dependents who refuse coverage (signed within 45 days of requested effective date) – Form C19927
- Sole Proprietor, Partner, or Corporate Officer Statement for all enrolling owners/officers – Form C15293

If owner/employer not listed on the DE-9C: Proof of owner/employer's eligibility:

- Schedule C
- K-1
- Draw Checks (cancelled copies), if group hasn't been in business long enough to have filed taxes.

- Ownership Documentation:

- |                       |   |
|-----------------------|---|
| Sole Proprietorship:  | <input type="checkbox"/> Business license   |
| Partnership:          | <input type="checkbox"/> Partnership Agreement  |
| Corporation:          | <input type="checkbox"/> Articles of Incorporation (state seal affixed). Must include filed list of officers. |
| Limited Liability Co: | <input type="checkbox"/> Statement of organization w/operating agreement                                      |

Business established out of state must provide appropriate state filed documents showing that the business is able to conduct business in California.

- Latest quarter DE-9C reconciled

For employees hired after DE-9C filing, or whose wages exceed part-time status:

- Payroll records, if within 2 weeks of the effective date or a copy of the W-4 for employees not listed on the payroll.
- If group eligibility is based on seasonal or temporary employees: All four DE-9Cs from the preceding year.
- Out-of-state Employees
- Most recent payroll run, listing all employees

- Copy of previous carrier's current billing statement (listing all employees)

If current RAF is 1.05 or lower and within 60 days of the requested effective date (before or after), a copy of the renewal notification showing the RAF for the Guaranteed RAF program is required.

- Disability Form (if applicable) – Form C11248 and C4425
- Verification and Statement of Understanding – Form C20283
- Business check for first month of premium, made out to Blue Shield of CA (**must be business check**)

Please forward this information to Claremont by \_\_\_\_\_ to ensure an effective date of \_\_\_\_\_.

### Mail all documents to:

**Claremont Insurance Services, 2999 Oak Road Suite 810, Walnut Creek, CA 94597**

For further assistance, including open enrollment meetings, onsite application review, please call us at **(800) 696-4543**.

