

Ohio Broker Small Group (2-50) Checklist



Submit your Ohio Small Group new cases

By e-mail: sgnb_ky_wellpoint@anthem.com
(Please include a copy of the binder check in the e-mail submission and mail the original to the address below.)

By mail: Send the entire new case submission, including the binder check, to the following address:

Ohio Small Group
New Business Implementation
Anthem Blue Cross and Blue Shield
13550 Triton Park Blvd
Louisville, KY 40223

mail check to: **Jodi Lewis**

By fax:
502-889-2363

May Insurance
110 Northwoods Blvd
Ste C
Columbus OH 43235

Submit census enrollments

By e-mail: sgnb_ky_censustool@anthem.com

Please review all paperwork before submission, including signatures and dates.

All of the items below must be received on or before the requested group's effective date. Group's effective date will be the first of the month after the receipt of all below listed items.

- Anthem Employer Application Form
- Anthem Employee Applications or Small Group Census Enrollment Template (Employee applications are not valid if the signature date is greater than 90 days prior to the effective date)
- A completed application must be submitted for all employees working 30+ hours per week, all new hires, employees currently in their waiting period and employees who are waiving coverage.
- Waiver section of the Employee application must include a valid reason of waiver
- If the census enrollment is used, all employees working 30+ hours per week, must be accounted for or added to the census on either the subscriber tab or waiver tab. Please include a valid reason for waiver.
- Most Recent Quarterly Wage and Tax Statement/UC1 Form* (Employer must denote each employee's status (fulltime, part-time, termed, etc.) and add all new hires (along with their status) on the statement)
- New Company Requirement: Articles of Incorporation and payroll records or W-4's.

- Most Recent Prior Carrier Bill* only if Cobra participants (Prior carrier bill needs to be dated within 60 days of requested effective date.)
- Anthem's Benefit/Rate Proposal* (signed and dated)
- Initial Premium Check* (Check must be made payable to Anthem Blue Cross and Blue Shield.) Mail to:
**Anthem Blue Cross Blue Shield
13550 Triton Park Blvd
Louisville, KY 40223**
- Chamber/Association Membership Information* (if applicable)
 - For new Chamber/Association members:** Mail all original paperwork to the appropriate Chamber/Association and submit a copy of the Chamber/Association application and check to Anthem with the new case submission.
 - For existing members:** Submit either a letter from the Chamber/Association verifying membership, a copy of the membership card or a screen shot of the Chamber/Association web site listing the company as a member.
- If selecting an HSA product* complete the question on the Employer Application, "Do you want Anthem to facilitate opening a Health Savings Account?"
- Does the group have Arizona residents? Yes No

- If selecting life or disability coverage, also include:
 - Prior Carrier latest bill with life/disability benefit amounts shown (required for takeover business).
 - Evidence of Insurability Forms for:
 - Amounts in excess of the guarantee issue (GI) amount on virgin coverage.
 - Any new or additional amounts on grandfathered coverage.
- Completion of Pre/Post Tax Claim Information for Disability Plans
 - STD Employee's payroll deduction: ___ Pre Tax ___ Post Tax
 - LTD Employee's payroll deduction: ___ Pre Tax ___ Post Tax

Please Note: Since Anthem is neither a Hawaii authorized insurer nor a Hawaii Health Care Contractor, our benefits may not match the requirements of the Prepaid Health Care Act. We recommend that you obtain direct quotes for either an individual policy for employees who live and work in Hawaii or if there are several employees within an employer group to obtain group coverage from a Hawaii authorized insurer. This would ensure that all the state requirements are met.

Group name _____

Broker name _____

Agency name _____

Address _____

City/state _____

Zip code _____

E-mail _____

() _____

Phone no. _____

() _____

Fax no. _____

With your help, customers can enjoy a smooth transition to Anthem coverage. Thank you for your business.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Life and Disability coverage underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association.

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