



Quote Requests Checklist

Small Group: 2-50 Employees

EFFECTIVE: 01/01/2014

QUALIFYING THE CANDIDATE

Due to Texas Senate Bill 1332, the total number of employees on payroll will determine if we can release a small group rate proposal. Group size is no longer based on number of "eligible" employees. Total employee count must include those working full time, part time, seasonal, temporary and those waiving or declining health insurance.

If there are 50 or less total employees on payroll on business days during the preceding calendar year, please note the helpful information in this small group checklist. If there are more than 50 total employees on payroll, please contact your BCBSTX Sales Representative for further guidance. Please note, groups with more than 50 total employees will not be approved for enrollment in the small regulated group market.

To obtain the most recent versions of the information needed to quote small groups (2-50), go to bcbstx.com/producer and click Forms, then select the Small Group Forms link to access the following:

- **Checklist for submitting quotes (2-50)** (for eff. dates on and after 1-1-2014)
- **Regulated Small Group (2-50) Request for Proposal & Template Census** (for eff. dates on and after 1-1-2014)

Producer Information

- Agents name
- Agency name, if applicable
- Email address of the requestor
- Email address that the quote should be sent to, if different from the requestor
- Phone number of the requestor
- BCBS [insert applicable state] producer number (nine digit number used for Blue Access for Producers (BAP))

Company Information

Company information should include the following:

- Business name and address:
The legal name of the business and complete address of the company headquarters including ZIP code and county
- Standard industry code (SIC):
The four-digit standard industry code is required because all our proposals include rates for Life and Disability
- Requested effective date of coverage

Employee Information

Employee information should include a complete census. The preferred format for census submissions is Microsoft Excel. Please obtain Excel template from our website. Each census should include all employees and dependents interested in health, dental, life or disability coverage.

The following is requested for each employee who is interested in coverage:

- Name (preferred)
- Employee date of birth & gender (required)
- Spouse/Child date of birth & gender (if applicable, required)
- State employee resides in
- Salary (if a quote for STD/LTD coverage based on salary is desired)
- Type of Coverage, including coverage code (required)
 - Employee only - EO
 - Employee and spouse - ES
 - Employee and child - EC
 - Employee and Family - EF
 - Life only - LO
 - COBRA/continuation - CO
 - COBRA/continuation with spouse - CS
 - COBRA/continuation with child - CC
 - COBRA/continuation with family - CF



BlueCross BlueShield of Texas