

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 to the following address:

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

By fax:

502-889-2363

Group name

Broker name

Agency name

Address

City/state

Zip code

E-mail

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Phone no.

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Fax no.

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

- Anthem Employer Application Form*
- Anthem Employee Applications* (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.
- 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.
- Most Recent Prior Carrier Bill* only if Cobra participants (Prior carrier bill needs to be dated within 60 days of the 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.)

- 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

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?"

If selecting an HSA product the group must submit a signed and dated HSA agreement with the completed paperwork.

Does the group have Arizona residents? Yes No

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