



Mid-Market New Business Checklist

State Markets

For groups with more than 50 total employees on business days in the previous calendar year, and with 150 or fewer enrolled lives

Forms are located on Blue Access for ProducersSM in the “Downloadable Forms” section at bcbsil.com/producer. If you have questions or need forms for ancillary lines of coverage, please contact your Blue Cross and Blue Shield of Illinois (BCBSIL) Sales Executive or General Agent.

> The following BCBSIL forms are required. <

Benefit Program Application Form (BPA)

- Review and complete all sections or indicate N/A if not applicable.
- Producer’s printed name and signature are required.
- BCBSIL- assigned producer number and contracted producer Tax ID number are required.
- Please complete and sign the Proxy.

Benefit Plan Selection Form (BPS)

- Combined BPS applies to medical, dental and life/AD&D/short-term disability coverage.
- Please indicate “N/A” or “no” for coverages not purchased.

Employer Group Information Form (EGI) with Medicare Secondary Payer (MSP) Employer Acknowledgement

- The EGI/MSP collects critical information for the proper application of federal laws, including Medicare, COBRA and the Affordable Care Act.

Illinois Extension Form

- Please check the box at the top of the Illinois Extension Form when the document is included as part of a full case submission.



> **The following employer documentation is required.** <

Enrollment Census

Submit an enrollment census instead of a Wage and Tax Report (UI-3/40). **The census will replace the UI-3/40 as the group's attestation of enrollment and eligibility.**

- As the group's enrollment/eligibility attestation, the census must include and identify all: full-time/eligible employees, COBRA participants, retired employees and employees with valid waivers, as of the requested effective date of coverage.
- If the final enrollment census is different from the originally submitted quoting census, it will impact our final rate offer.
- For quickest processing, use the Enrollment Census Template at bcbsil.com. If you choose to submit individual employee applications/waivers, the Group Enrollment Application/Change form is also available online.

Prior carrier's renewal letter

Prior carrier's most recent billing

> **IMPORTANT:**

Email documents to: StateMarketsSubmissions@bcbsil.com

We must receive your enrollments by the last business day of the month before the requested effective date. If you work exclusively with a General Agent, please submit your new Mid-Market enrollments to your General Agent.