

Ohio New Business/Rewrite and Downgrade Checklist



Group Requirements – 2-50 Employees

Account name	Effective date	GID no.
Broker name	Agency name	
Sales	Service	Support

To ensure prompt processing, the following Checklist items must be submitted:

New Business – Items 1-4, 6-11 ■ Rewrite – Items 1, 2, 4, 6, 9 ■ Downgrade – Items 2, 9

1. Employer Application (A-100) *(See Important Information below.)* A-100 Rev. 8/06 required for CDHP.
2. Anthem's benefit/rate proposal (a.k.a. signed proposal) *(Must be signed by the group representative showing confirmation of benefits chosen.) It is important to ensure that the signed proposal shows the correct benefit, census information, effective date, contract choice selection along with age/sex differences. If there is a discrepancy, then it will be resigned. For downgrades: Only the benefits that are changing need to be included on the signed proposal.*
3. Association Enrollment – If currently a member of the Association, provide a copy of current membership card. If first time applying for Association membership, provide a copy of Association's membership application and a copy of check for current year's enrollment. (Group will be held until information is received.)
4. Enrollment Application (New A-216 [2-50]) *(Form must be completed by ALL employees. See Important Information below.)* A-216 Rev. 8/06 required for CDHP.
5. Employee Change Form Application (A-83) *is required for all individuals enrolled if moving to a POS or HMO plan.*
6. Wage and Tax Statement *(Match every application to the Wage and Tax Statement and include reason for any discrepancies and provide alternate proof for that employee [W2, copy of payroll ledger - churches, etc.]. Employees should also be marked as FTE, PTE, Seasonal, Termed, etc.)*
7. A current copy of prior health carrier bill is required to ensure proper pre-existing credit is given *(if your group had prior health insurance).*
8. A current copy of prior dental carrier bill is required to ensure proper pre-existing credit is given *(if dental coverage is chosen).*
9. Electronic Funds Transfer (EFT) Authorization Form with voided check for Premium draft only *(optional)*. Note: CDHP HRA has special EFT Form *(required)*.
10. Initial premium check made payable to Anthem Blue Cross and Blue Shield for NEW groups only – it is NOT required on Rewrites *(If group's life is Anthem Life-administered, then a separate life check is needed.)*
11. If group is choosing HMO coverage, then employees must complete PCP forms.
12. Does the group have Arizona residents? Yes No
13. Does the group have Anthem ByDesign®? Yes No
(If your group has Anthem ByDesign, a list of subscribers to be enrolled in each plan should be included with the enrollment materials.)
14. Special Enrollment Rights and Pre-Existing Condition *(These forms must be provided to ALL employees. If new application is used, that is not needed.)*
15. Does Group have CDHP? Yes No
HSA – HSA agreement required. HRA – HRA EFT form required. E-mail address for Group required.

Important Information:

Employer Applications:

- **Please check that these "often missed" areas are completed and accurate on the Employer Applications:**
 - Name of association or participating chamber (should match signed proposal)
 - E-mail address for Group
 - Group Tax ID
 - SIC code (should match signed proposal)
 - ZIP code (should match signed proposal)
 - Number of employees outside Home Office State (if not applicable, fill in "none")
 - Number of full-time and part-time employees need to be filled out correctly in "Total Number" box.
 - New eligible enrollees (must reflect an Ohio option)
 - Group contribution percentage for health and life
 - Anthem sales representative
 - Group must sign, date and complete Location Where Signed area
- **Old employer applications will be returned. Group must use A-100.**
 - CDHP requires A-100 Rev. 8/06
- If your group has Anthem ByDesign, a list of subscribers to be enrolled in each plan should be included with the enrollment materials.
- **These following forms must be provided to ALL employees:** *(If new application is used, this is not needed.)*
 - Special Enrollment Rights form
 - Pre-Existing Condition form

Enrollment Applications:

- All applications must be completed in ink.
- If an employee is **applying for health and life**, complete sections 1, 2, 3, 4, 5, 6, 8 and 9.
- If an employee is **applying for health and waiving life**, complete sections 1, 2, 3, 4, 5, 6, 7, 8 and 9.
- If an employee is **waiving health and NOT life**, complete sections 1, 2, 3, 4, 5, 6 and 7.
- If an employee is **waiving all coverage**, complete sections 1, 2, 3, 4, 5, 6 and 7.
- If an employee is choosing dental, please make sure that the contract choice is marked in section 6 under dental.
- If covered dependent is eligible for tax exemption, then box must be filled out correctly – otherwise no eligibility will be given.
- HMO/POS – please state primary care physician's (PCP) full name and ID number for employee and each dependent.
- Section 9 needs marked NO, NONE or N/A if no other coverage.
- Prior coverage information – complete in full to get pre-existing credit if NOT on a current copy of prior carrier bill.
- Employee must sign and date.
- If member lives in Arizona, please flag employee application – to ensure appeals packet is sent.
- **Please check that these "often missed" areas are completed on each Enrollment Application:**
 - Date of hire as full-time
 - Hours working per week
 - Date of birth for employee
 - Social Security number for employee
- **Groups must use New A-216 [2-50].**
 - CDHP requires A-216 Rev. 8/06
- If your group has Anthem ByDesign, please indicate which product the subscribers will be enrolled in.

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