

# New Group Checklist



## Group Size 51+

THANK YOU FOR SELECTING ANTHEM BLUE CROSS AND BLUE SHIELD!

*Following is the list of items necessary to facilitate a timely and effective installation of your new business. Only original documents can be processed. Faxed information will be used for set up only, but the group cannot be released without originals. Incomplete documents will be returned to you for completion and incomplete submissions will delay the implementation.*

Account name:	Effective date:	GID#:
Broker name:	Agency name:	
Sales:	Service:	Support:

- Group Application *Form No. A-101*
- Check for First Month's Premium *Health - payable to Anthem Blue Cross and Blue Shield  
Life - payable to Anthem Life*
- Signed Rate Proposal – (Health and Life)
- Employee Enrollment Applications (A-82) - including waivers and COBRA.  
If POS or HMO, physician's ID# required for each member
- Risk Evaluation Questionnaire (REQ) - *(if applicable)*
- Prior Carrier's Bill (month prior to effective date)
- Group's Previous Benefit Booklet
- Copy of Bargaining Agreement *(if applicable)*
- Anthem Life Eligibility Information Form
- Electronic Funds Transfer (EFT) Authorization Form (P-1095)

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Internal Use Only</b> Processed by: _____ Date: _____  Audited by: _____ Date: _____
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***With your help, customers can enjoy a smooth transition to Anthem coverage.  
Thank you for your cooperation.***