South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

BLUE MEASURE ENROLLMENT CHECKLIST

Group's Name: _____ Requested Effective Date: _____

Agent's Name: _____ Agent Number: _____

Please submit all required forms to SmallGroupSales@bcbssc.com. Ensure that you do not send protected health information (PHI) via unsecure means. We will not be able to process the group if there is any missing information. This could also result in a change of the requested effective date.

NEW GROUPS:

- ❑ BlueMeasure Benefit Selection Form for Level Funded coverage.
- ❑ Small Group Level Funded Enrollment Spreadsheet or BlueMeasure Membership Application. (All full-time, eligible employees must be included on the enrollment spreadsheet or applications. A waiver applicant must complete a membership application or be included on the enrollment spreadsheet in its entirety, including dates of hire and date of birth.)
- ❑ BlueMeasure Health Statements for all enrolled members.
- ❑ S.C. Employer Quarterly Contribution & Wage Report: UCE – 101 & UCE – 120. (Note: You must note current employee status for each employee listed. All full-time employees must complete the applications or enrollment spreadsheet as either taking or waiving coverage.)
- ❑ Electronic Funds Transfer Authorization Form

TRANSITION GROUPS (Existing groups moving from Legacy, ACA or Major Group):

- ❑ BlueMeasure Benefit Selection Form for Level Funded coverage.
- ❑ If any membership changes need to be made, please submit a completed Enrollment Spreadsheet. If you do not submit a census, we will transition all membership information from the previous client number to the new client number with no changes.
- ❑ BlueMeasure Health Statements for all newly enrolled members, not needed for existing members.
- ❑ Electronic Funds Transfer Authorization Form

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LEVEL FUNDED
ENROLLMENT CHECKLIST

BUSINESS
DOCUMENTATION FORMS

This information explains the type of documentation we need to determine group eligibility for our most common types of business.

QUARTERLY WAGE (QW) REPORT (forms UCE – 101 & UCE – 120) – Please provide the most recent QW report. Indicate the current employment status of each employee listed – for example, full time, part time, terminated, seasonal or in probationary period (provide date of hire).

TAX DOCUMENTS ACCEPTED:

Partnership and Limited Liability Corporation
Most groups will file the most recent QW report. If the group consists of only partners/owners and no employees, please provide federal form 1040 or Schedule K – 1 for **each owner.**

Sole Proprietorship
Submit the most recent QW report for the employees and a federal 1040 Schedule K or federal 1040 schedule C for owner. **Sole Proprietors who only employ their spouse are not eligible for group coverage.**

Corporation
Groups will file a QW report.

S Corporation
Most groups will file a QW report. If the group consists of only owners and no employees, please provide form 1040 schedule C or Schedule K-1 for **each owner**.

Agricultural Workers/Farms
We need federal form 943 and payroll records. If an employer has 10 or more employees, and pays $20,000 or more in wages in one quarter, please provide the QW report.

Non-Profit Organizations (Churches, Youth Clubs, Charity Organizations)
If no QW report is filed, please provide federal form 941 and payroll records.

Churches for Profit
If no QW report is filed, please provide federal form 941 and payroll records.

New Businesses
The effective date of group coverage cannot be prior to the official day the business begins operations. You must submit appropriate tax forms, as we have listed, within 30 days of the tax-filing deadline. If the group has not filed required tax forms because the business is new, please provide a copy of the group's payroll records, a copy of the business license or Secretary of State form or form SS-4 (application to IRS for employer ID number) and an affidavit. Also, the group must provide us with a copy of its first filed QW report. We will not issue group coverage to sole proprietorships that cannot meet the eligibility requirements.

1099 Employees
Since there is no true employee/employer relationship, we do not cover these individuals.