



South Carolina

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

## ENROLLMENT CHECKLIST

Group's Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Agent Number: \_\_\_\_\_

***Please submit all these required forms to [SmallGroupSales@bcbsc.com](mailto:SmallGroupSales@bcbsc.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:

- ☐ Benefit Request Form (BRF) for group health insurance.
- ☐ Small Group Enrollment Spreadsheet or Membership Applications. (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.)
- ☐ Current Proposal with Census – Must match Membership Applications or Membership Enrollment Spreadsheet (including tobacco use) and benefit plan selected per the BRF.
- ☐ 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.)
- ☐ Companion Life Master Application (if applicable). Optional life insurance is available through Companion Life. Because Companion Life is a separate company from BlueCross, Companion Life will be responsible for all services related to life insurance.

### TRANSITION GROUPS (Existing groups moving to Metal or Chamber plans):

- ☐ Benefit Request Form (BRF) for group health insurance.
- ☐ 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.
- ☐ Tobacco Usage Form (Only on metallic products. One per family. Please include all covered dependents over the age of 18).
- ☐ Current Proposal with Census – Must match Membership Applications, Membership Enrollment Spreadsheet (including tobacco use), or the census on the prior client number and benefit plan selected per the BRF.

Comments: \_\_\_\_\_

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## **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.