

SOLD GROUP CHECKLIST

The “Sold Group Checklist” is **a summary document and should be used with the New Business Submission Guide** which provides detailed information regarding new group requirements. Also, to provide your clients with the best possible service, **please conduct proper field underwriting and provide ALL applicable documents** listed below.

New group submissions must be received **by 5:00 PM** on the Sold Group Deadline Date. Late submissions are subject to **PRIOR approval by senior marketing management**. Submitting incomplete/late cases may result in the return of group paperwork to the writing agency and/or effective date/rate changes.

INTERIM FINAL RATE SUBMISSION PROCESS

- Group Application**
 - o For common ownership groups, complete pages 1-3 for the lead business and complete an addendum (page 4) for each additional business.
- Enrollment/Waiver Forms/Medical Underwriting Questionnaire**
 - o Complete a form for each eligible enrollee.
 - o For common ownership groups – include name of business that corresponds with each enrollee.
- PA Form UC-2/UC-2A**
 - o Current, showing all employees (including owners and new hires).

Note: Year-to Date Payroll Register - will only be accepted for “start-up”, nonprofit, agricultural businesses, etc.

FINAL SUBMISSION PROCESS

- HHIC Final Submission Coversheet**
- Ownership Documentation**
 - o Schedule C (Sole Proprietorship)\Schedule F (Farms)
 - o Form 1065 (Partnership)
 - o Schedule K-1s (Partners/Shareholders)
 - o Form 1120 (S Corporation (1st page only)/C Corporation (1st & 2nd page only)
 - o Form 990 (Religious/Non-Profit Organizations)
- PA Form UC-2/UC-2A**
 - o Current, signed, annotated, and dated by policymaker (if not previously submitted).

Note: Year-to Date Payroll Register - will only be accepted for “start-up”, nonprofit, agricultural businesses, etc.

- New “Start-up” Businesses** – Must be in Operation for at Least 90 Days **prior** to group submission.
 - o Start-up Business Letter
 - o PA-100 – OR - SS-4
- Affidavit of Retirement** (Form 9920A – notarized) and Copy of Retirement Policy
- Employee Classes/Levels of Coverage**
 - o Copy of written “employee class/level of coverage policy” (human resources policy).
 - o Annotated, year-to-date payroll register identifying employee classes.
- Management Only**
 - o Copy of union bargaining agreement.
 - o Copy of union’s health carrier invoice listing all covered union employees or a payroll listing that identifies the employee classes.
- ePlatform DCF and/or HRA Forms** (if applicable)
- Disassociation Letter** (pool to pool movement)
- Medicare Eligible/BlueRx Enrollees**
 - o Group Application for Medicare Complement (if applicable)
 - o BlueRx Enrollment Applications
- Groups with 51+ Enrollees**
 - o Application for Group Benefits
 - o Enrollment Applications
 - o Waiver of Insurance Coverage Forms
 - o Enrollment Spreadsheet for ePlatform Elections Only
 - o Signed Benefit/Rate Summaries for Sold Products
 - o Renewal Notification Preference
 - o Producer of Record Letter - Must be on group’s letterhead.
 - o Stop Loss Insurance Policy for Self-Insured Groups with 100 to 300 Enrollees

Note: Information on required tax documents **should NOT be omitted or altered in any way** as the financial information allows Underwriting to determine whether a group is a viable full-time business and how many owners/employees are eligible. Wage/income information is only used to validate owner/employee eligibility based on weekly hour/probationary requirements, etc. Underwriting reserves the right to request additional information not listed above.

Terms and Notice of Confidentiality

Terms
Sold group submissions must be received by the designated deadline dates as outlined on the “Sold Group Deadlines” schedule. Incomplete and/or late submissions may result in changes to the effective date and rates or denial of group coverage. Group acceptance is contingent upon the submission of **ALL** required documents and compliance with the underwriting guidelines at the time of submission and throughout the contract period. Highmark Blue Shield reserves the right to re-confirm compliance at any time. All sold group materials are subject to the following confidentiality statement:

Notice of Confidentiality
Highmark Blue Shield’s and Highmark Health Insurance Company’s business activities are subject to the federal HIPAA privacy regulations (45 C.F.R. Parts 160, 164) and to the Pennsylvania Insurance Department’s regulations implementing the Gramm-Leach Bliley Act (31 Pa. Code Chapters 146a and 146b). As required by those regulations, Highmark Blue Shield has adopted policies and procedures to protect the privacy and confidentiality of all personal information and documents disclosed to us by our customers or prospective customers. **These policies prohibit the use or disclosure of such information for any purpose other than the underwriting and administration of our health benefits business.**

Highmark Blue Shield and Highmark Health Insurance will not disclose, either directly or indirectly, to any other person or business, information concerning the business or financial affairs of our customers, unless the disclosure is required by law.