



Small Group Services
PO Box 9062
Oxnard, CA 93031-9062
(800) 627-8797

Date of Application _____

Name of Group _____

Conditions of Enrollment for Start-Up Companies

I agree that **if**, after review, Blue Cross of California offers my group coverage, it is contingent on receiving the company's first 30 days' complete payroll records or other acceptable documentation when they become due.

I understand that Blue Cross of California reserves the right to rescind or non-renew coverage if this payroll documentation is not provided in a timely manner, or it does not meet Blue Cross of California criteria for enrollment eligibility.

By signing below, I agree to the above Conditions of Enrollment in addition to all other terms, limitations and conditions of the Group Benefit Agreement.

Employer Signature _____

Date _____



Start-Up Business Trial Inquiry

Small Group Medical Coverage



EMPLOYER NAME	TYPE OF BUSINESS	APPLYING FOR GROUP <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> Workers' Comp	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TITLE		
EMAIL ADDRESS	TELEPHONE NUMBER () -	FAX NUMBER () -	

TOTAL # FULL-TIME EMPLOYEES	TOTAL # PART-TIME EMPLOYEES	TOTAL # OF ELIGIBLE EMPLOYEES	BUSINESS START DATE	REQUESTED EFFECTIVE DATE
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MEDICAL BENEFIT SELECTION

EmployeeElect		EmployeeChoice	Benefits
<input type="checkbox"/> Basic PPO	<input type="checkbox"/> PPO 2400 (HSA-Compatible)	<input type="checkbox"/> Premier \$20 Copay	<input type="checkbox"/> Hospital BeneFits
<input type="checkbox"/> Saver PPO	<input type="checkbox"/> PPO 3500 (HSA-Compatible)	<input type="checkbox"/> Premier \$10 Copay	<input type="checkbox"/> Hospital BeneFits Plus
<input type="checkbox"/> PPO \$35 Copay GenRx	<input type="checkbox"/> Power HealthFund 750	<input type="checkbox"/> PPO \$35 Copay GenRx	<input type="checkbox"/> Hospital BeneFits Preferred
<input type="checkbox"/> PPO \$40 Copay	<input type="checkbox"/> Power HealthFund 500	<input type="checkbox"/> PPO 2400 (HSA-Compatible)	<input type="checkbox"/> PPO \$35 Copay GenRx
<input type="checkbox"/> PPO \$30 Copay	<input type="checkbox"/> High Deductible EPO	<input type="checkbox"/> Saver HMO	<input type="checkbox"/> Power Select HMO
<input type="checkbox"/> Advantage PPO \$25 Copay	<input type="checkbox"/> Saver HMO		
<input type="checkbox"/> Premier \$20 Copay	<input type="checkbox"/> Classic HMO		
<input type="checkbox"/> Premier \$10 Copay	<input type="checkbox"/> HMO 100%		
	<input type="checkbox"/> Power Select HMO	<input type="checkbox"/> Other _____	

MEDICAL

Has any employee or dependent to be covered been advised to have treatment, received treatment, is receiving treatment or been hospitalized for any of the following conditions with the last 5 years:

1. Cardiovascular disease or heart attach; stroke; disorder of the kidney, stomach, intestines or liver; musculoskeletal conditions; mental or nervous system disorders; diabetes; any disorder of the lungs or respiratory system; cancer or immune deficiency disorder, AIDS, or AIDS-related complex? If yes, please explain condition, treatment, medications and prognosis. Yes No

2. Is any female to be covered currently pregnant? Yes No

3. Are there any employees or dependents considered disabled? Yes No

SIGNATURE OF PRINCIPAL

SIGNATURE OF AGENT

DATE

DATE

POTENTIAL FOR: <input type="checkbox"/> Approval <input type="checkbox"/> Decline <input type="checkbox"/> Need additional information (see notes)	NOTES		
UNDERWRITER	UNIT NUMBER	TELEPHONE NUMBER () -	DATE

This is a preliminary evaluation only and does not establish eligibility or guarantee coverage in any way. The final decision on eligibility for coverage will be made upon underwriting review of the completed employee(s) and employer applications and any other required documentation. Please refer to the Underwriting Guidelines for Start-Up Groups that describes all documents required when submitting the Employer and Employee application for coverage.

Fax completed form to: Small Group Underwriting
(805) 499-0302

Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care (DMHC). BC Life & Health Insurance Company (BCL&H) is an insurance company regulated by the California Department of Insurance (DOI). BCC and BCL&H are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross, Blue View Vision, BlueCard and MedCall names and symbols are registered service marks of the BCA. The following Medical plans are offered by BCC: PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power Select HMO.

The following Medical plans are offered by BCL&H: Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, and PPO 3500/2400 (HSA-Compatible) plans. Dental Net, Dental Select HMO and Voluntary Dental Saver Select HMO Plan offered by BCC. Silver 1000, Gold 1500, Gold Preferred 1500, Platinum 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Fee-for-Service Dental plans and Voluntary PPO Dental Plan offered by BCL&H. SmileNetSM Dental Discount Program offered by BCL&H. Term Life and AD&D products offered by BCL&H. Blue View Vision offered by BCL&H. Workers' Compensation coverage is provided through Employers Compensation Insurance Company. Administrative services for the Premium Only Plan (P.O.P.) are provided by Ceridian Benefits Services, Inc., an independent company that is not affiliated with BCC, its affiliates or parent organization.



Underwriting Requirements for Start-Up Groups

Small Group Medical Coverage



Under this start-up initiative program that began February 1, 2000, a Start-Up Group (new venture) is defined as a small employer group, meeting all other requirements of a small employer except for the length of time in business. To be considered for Small Group enrollment on a non-guaranteed basis, one of the following criteria must be met.

- An employer can apply for coverage within 30 days prior to being actively engaged in a business or service
- An employer can apply for coverage if his/her firm is actively engaged in a business or service for less than 30 days

Forms and Documentation

Sole Proprietors

Forms required:

- Employer and Employee Applications,
- Fictitious Business Name Filings, or
- Business Licenses (if applicable), **and**
- Blue Cross Sole Proprietor, Partner or Corporate Officer Statement
- Conditions of Enrollment for Start-Up Companies

Partnerships

Forms required:

- Employer and Employee Applications,
- Copies of Partnership Agreements, **and**
- Blue Cross Sole Proprietor, Partner or Corporate Officer Statement
- Conditions of Enrollment for Start-Up Companies

Corporations

Forms required:

- Employer and Employee Applications,
- Articles of Incorporation certified by the Secretary of State, as filed, including signature pages, **and**
- Blue Cross Sole Proprietor, Partner or Corporate Officer Statement
- Conditions of Enrollment for Start-Up Companies

Additional forms required for companies incorporated outside the state of California:

- Certificate of Qualification or Statement by Foreign Corporation certified by the Secretary of State, as filed, **and**
- Blue Cross Sole Proprietor, Partner or Corporate Officer Statement
- Conditions of Enrollment for Start-Up Companies

Enrollment Guidelines for Start-Up Groups

- Approval of a Start-Up Group is contingent upon receiving 30 days of payroll for all employees within 45 days of the effective date of coverage (*refer to Conditions of Enrollment for Start-Up Companies*).
- If the new company is approved for coverage, they will be set up for automatic re-certification after six (6) months.
- The new Start-Up Group will be considered on a non-guaranteed issue basis.*

Among other criteria, a company must have maintained 2-50 employees for 50% of the previous calendar year to be considered a guarantee issue group. **Blue Cross reserves the right to defer the group until they meet AB1672 guidelines.*