



Broker Name: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Group Name: _____

Effective Date: _____

SOLD GROUP PAPERWORK IS DUE IN SBSC 10 DAYS PRIOR TO EFFECTIVE DATE

Small Employer Group Check-Off List	√
1. Employer Application – Completed and signed by both Group Executive and Broker	
2. Complete Quote – Signed, dated, and plan selection marked on the census page and ALL pages must be submitted.	
3. First month’s premium check – made out to BCBS (can not accept temporary check, personal checks, money orders, or credit cards)	
4. Employee applications/declinations on all full time employees (must be completed and signed) **If the group has a Cobra employee a Cobra application and an Employee application is needed.	
5. Complete TWC Report (must include coversheet) *If TWC not available due to newly establish business please submit: Complete Articles of Incorporation, Texas Supplemental, and complete W-4’s on all employees (boxes 8 & 10 must be completed)	
6. Texas Supplemental Report – needed for new hires, owners, contract employees, and anyone not listed on the TWC report. (W-4’s needed on new hires and 1099’s needed on contract employees)	
7. Verify 75% of the eligible employees are enrolling (if declining due to other group coverage not eligible)	
8. Page 11 of the employer application must be completed and signed by agent	
9. If taking Life what is the employer’s contribution?	
10. Signed Proxy	
11. Medicare Secondary Payer form	

**Please contact the SBSC for assistance, 800-399-5831.
Please mail all enrollment materials to:
1201 E. Campbell Road
Richardson, Texas 75081**