blue california

Small Business Group Change Request

Effective October 1, 2022

Blue Shield of California and
Blue Shield of California Life & Health Insurance Company

Current Blue Shield Small Business Group: Use this form to change company information, contacts, group elections, or plans. Blue Shield will send you an amended contract, if needed, after processing your requests. It's the group's responsibility to keep its contact information up to date. This form cannot be used to add, remove, or change member information.

Please type or print clearly in black ink. Subsequent billing will reflect requested changes once processed by Blue Shield. Alternatively, to ensure accuracy and faster processing, you may complete this form online at **blueshieldca.com/SBMforms**.

Instructions: 1) Complete all of sections 1 and 2. **2)** Fill out the remainder of the document, but only for the items you marked in #2.

Return by either **Email: small.group@blueshieldca.com** or **Mail:** Small Group (1-100 employees), P.O. Box 3008, Lodi, CA 95241-1912

1 GROUP IDENTIFICATION

Current group legal name	Blue Shield group ID number	Requested effective date for changes

2 WHICH CHANGES ARE YOU MAKING?

Select all that apply:

- ☐ Employer address
- ☐ Employer contacts
- ☐ Employer name, DBA, Federal Tax ID Number, SIC, legal entity type
- ☐ Employer waiting period
- ☐ Continuation of coverage – status
- ☐ Continuation of coverage – administrator
- ☐ Part-time employee eligibility
- ☐ Medical plans[1]
- ☐ Additional selections
- ☐ Specialty benefits – Dental[2]
- ☐ Specialty benefits – Vision[2]
- ☐ Specialty benefits – Life/AD&D[2]
- ☐ Employer contributions

[1] ☐ Submit the Multiple Subscriber Change Spreadsheet for existing Off-Exchange plan membership in lieu of individual enrollment forms when making renewal changes to current medical elections. This form is available on Broker Connection.

[2] ☐ Add dental
☐ Add vision
☐ Add flat life

Add specialty product(s) for the first time to existing Blue Shield Medical and ALL currently enrolled employees and dependents will elect specialty coverage. They will automatically be enrolled and no forms will be required (except for multiple of salary or graded life plans, and to designate life beneficiaries).

Otherwise, please submit an enrollment, refusal of coverage, or subscriber change request form for all eligible employees and dependents electing coverage. (Refusal of coverage is only allowed for contributory plans.)

3A EMPLOYER ADDRESS

Provide the group's new information, where applicable.

Principal business address – number and street (no P.O. box)*

City	State	ZIP code

Billing address (if different from above)

City	State	ZIP code

*** The principal business address is where Blue Shield will send all paper notices and correspondence;** however, the group may choose to have the bill sent to a different address. The principal business address means the principal business address registered with the Secretary of the state of California. If a principal business address is not registered with the state or is registered solely for purposes of service of process and is not a substantial worksite for the group's business, then provide the business address within the state where the greatest number of employees work.

3B GROUP CONTACT INFORMATION

We are a digital-first company – email is a **mandatory** field, so that we can best serve you.

Primary contact

Reset

	Name	Email
☐ Add ☐ Delete		
☐ Add ☐ Delete		

Employer Connection Plus contact – must also be an authorized contact

Reset

	Name	Email
☐ Add ☐ Delete		
☐ Add ☐ Delete		

Secondary contact

Reset

	Name	Email
☐ Add ☐ Delete		
☐ Add ☐ Delete		

Billing contact

Reset

	Name	Email
☐ Add ☐ Delete		
☐ Add ☐ Delete		

3C EMPLOYER NAME, DBA, FEDERAL TAX ID NUMBER, SIC, LEGAL ENTITY TYPE

1. Provide the group's new information

Group legal name

Federal Tax ID (TID) number

Doing business as (DBA)

Standard Industry Classification (SIC) and industry description

Choose one legal entity type:

☐ S-Corporation ☐ C-Corporation ☐ Partnership or LP ☐ Sole proprietor ☐ LLC ☐ Non-profit

Reset

☐ Other (specify)

2. Select one option – either 2A Simple name change, or 2B Comprehensive business change. Answer related questions and provide requested documentation to small.group@blueshieldca.com.

2A. Simple name change

1. Select all that apply:
   - ☐ Filed FBN for new fictitious business DBA
   - ☐ Filed amendment/conversion for corporations/partnerships
2. Requested documentation:
   1. IRS documentation of new name and EIN; or W9 or SS-4
   2. Proof of name change showing old and new name, as follows:
      1. Amendment and/or Conversion document, filed with CA Secretary Of State (Corporations, Partnerships, LLC only) and/or
      2. Fictitious Business Name (FBN) statement, filed with county (Sole Proprietor, or DBA changes)

3C EMPLOYER NAME, DBA, FEDERAL TAX ID NUMBER, SIC, LEGAL ENTITY TYPE (continued)

cont'd

2B. Comprehensive business change

1. Select all that apply:

- ☐ Ownership change
- ☐ Business purchase or sale
- ☐ Entity type change
- ☐ Employees moving to other existing business
- ☐ Adding subsidiary/affiliate business
- ☐ Merger
- ☐ Other:

2. Additional questions:

Total current FTE and FTE Equivalent _____

If current count is larger than 100, how many employed in prior calendar quarter? _____

If prior calendar quarter count is larger than 100, how many employed in prior calendar year? _____

Total current FTE and FTE Equivalent employed out of state _____

Total FTE and FTE Equivalent employed out of state during the prior calendar quarter _____

Total FTE and FTE Equivalent employed out of state during the prior calendar year _____

3. Requested documentation:

1. IRS documentation of new name and EIN; or W9 or SS-4
2. Payroll or W4 for all employees
3. New employees only: applications and refusals
4. Documentation supporting the change. Examples **include**: purchase, merger, or partnership agreement; corporate documentation

4. If you selected "Adding subsidiary/affiliate business" above, then fill out the table below

Reset

Subsidiary or affiliated company name(s)	Include in coverage?	Eligible to file a combined state tax return?
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No

4 EMPLOYER WAITING PERIODS

Choose one of the following options. Coverage for eligible employees will become effective following completion of the waiting period on the day specified.

Reset

- ☐ Effective first of the month following date of hire
  (if hired on the first of the month, coverage will be effective the first of the following month)
- ☐ Effective first of the month following 30 days from date of hire
- ☐ Effective first of the month following 60 days from date of hire
- ☐ Effective on the 91st day following date of hire
  (a group may be partially billed when electing the 91st day waiting period)

5A CONTINUATION COVERAGE – STATUS

Complete this section if the employee count has changed to impact whether the group is subject to COBRA or Cal-COBRA requirements. If you are changing your COBRA status, Blue Shield will also change your Medicare Secondary Payer (MSP) status; you do not need to request MSP changes. Please note that Blue Shield must receive COBRA status change requests at the beginning of the calendar year.

Reset

☐ **Federal COBRA, OR**	As of January 1, 2022, the group has 20+ total employees, employed 50% working days in previous calendar year.
☐ **Cal-COBRA**	As of January 1, 2022, the group has 2-19 eligible employees, employed 50% working days in previous calendar year; or if not in the business during the previous calendar year, during the previous calendar quarter.

5B CONTINUATION COVERAGE – COBRA THIRD-PARTY ADMINISTRATOR

☐ Add	Company name
☐ Delete	Company name

6 PART-TIME EMPLOYEE ELIGIBILITY

If you are adding part-time coverage, submit this form along with applications or refusals for all eligible part-time employees.
If you are removing part-time coverage, submit this form along with the most recently filed DE-9C.

☐ Remove part-time coverage
☐ Add part-time coverage

Reset

Eligible Employee – An eligible employee is an employee who:

- **(Full-time)** Is a permanent employee who works on a full-time basis in the conduct of the business of the employer, whose duties are performed at the employer's regular place(s) of business, working an average of 30 hours per work week, and who has met any statutorily authorized waiting period; or
- **(Part-time)** Meets all the conditions set forth in the first bullet except works at least 20 hours but no more than 29 hours at least 50% of the weeks in the previous calendar quarter, the group offers such employees health coverage and all similarly situated employees are offered such coverage; and
- Receives monetary compensation in the course of employment (shown through W-2); and
- Is a bona fide employee and a bona-fide employee/employer relationship exists.
- An eligible employee also includes a sole proprietor, spouse, or Domestic Partner of a sole proprietor, or partners of a partnership, or the spouse or Domestic Partner of a partner of a partnership working on a full-time basis at the employer's regular place(s) of business, working an average of 30 hours per work week, when the group meets all small employer eligibility requirements.
- An eligible employee does not include individuals working on a temporary or substitute basis.

7A MEDICAL PLANS

For groups with one or more enrolling employee, choose plans from either the Off-Exchange or Mirror plan packages, but not both. Plan packages cannot be combined. Within a plan package, HMO and PPO can be offered together.

Include an Employee Census listing each employee's plan selection with this form.
When the group is no longer offering plans that have active membership, the group-level changes cannot be completed without an Employee Census listing each employee's plan selection.

Off-Exchange Package	May be offered with another carrier's HMO plan
Mirror Package	Cannot be offered alongside Off-Exchange plans. Can be offered alongside another carrier's plans. These plans "mirror" standardized plans offered through Covered California.

Blue Shield of California Off-Exchange Package for Small Business

PPO Plans

Full PPO and Tandem PPO have different provider networks. Full PPO and Full HSA-compatible High-Deductible Health Plan (HDHP) plans share a full Blue Shield provider network. Tandem PPO and Tandem HSA-compatible HDHP plans share a select Blue Shield provider network. Choose any combination of Full PPO Network and Tandem PPO Network plans. Reset

☐ Choose ALL PPO plans, OR

☐ Individually choose any number of the plan(s) below:

PPO plans – Full PPO Network
- ☐ Platinum Full PPO 0/0 OffEx
- ☐ Platinum Full PPO 0/10 OffEx
- ☐ Platinum Full PPO 250/10 OffEx
- ☐ Platinum Full PPO 250/15 OffEx
- ☐ Gold Full PPO 0/25 OffEx
- ☐ Gold Full PPO 500/30 OffEx
- ☐ Gold Full PPO 750/30 OffEx
- ☐ Gold Full PPO 1000/35 OffEx
- ☐ Silver Full PPO 1800/45 OffEx
- ☐ Silver Full PPO 2225/50 OffEx*
- ☐ Silver Full PPO 2400/55 OffEx
- ☐ Bronze Full PPO 6250/65 OffEx
- ☐ Bronze Full PPO 6850/55 OffEx
- ☐ Bronze Full PPO 7500/65 OffEx
- ☐ Bronze Full PPO 5500/65 OffEx
- ☐ Bronze Full PPO 6500/70 OffEx

HSA-compatible HDHP plans – Full PPO Network
- ☐ Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
- ☐ Silver Full PPO Savings 2100/25% OffEx
- ☐ Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
- ☐ Bronze Full PPO Savings 5700/40% OffEx
- ☐ Bronze Full PPO Savings 7000 OffEx

HSA-compatible HDHP plans – Tandem PPO Network
- ☐ Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx
- ☐ Silver Tandem PPO Savings 2100/25% OffEx
- ☐ Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx
- ☐ Bronze Tandem PPO Savings 5700/40% OffEx
- ☐ Bronze Tandem PPO Savings 7000 OffEx

Tandem PPO plans – Tandem PPO Network
- ☐ Platinum Tandem PPO 0/0 OffEx
- ☐ Platinum Tandem PPO 0/10 OffEx
- ☐ Platinum Tandem PPO 250/10 OffEx
- ☐ Platinum Tandem PPO 250/15 OffEx
- ☐ Gold Tandem PPO 0/25 OffEx
- ☐ Gold Tandem PPO 500/30 OffEx
- ☐ Gold Tandem PPO 750/30 OffEx
- ☐ Gold Tandem PPO 1000/35 OffEx
- ☐ Silver Tandem PPO 1800/45 OffEx
- ☐ Silver Tandem PPO 2225/50 OffEx*
- ☐ Silver Tandem PPO 2400/55 OffEx
- ☐ Bronze Tandem PPO 6250/65 OffEx
- ☐ Bronze Tandem PPO 6850/55 OffEx
- ☐ Bronze Tandem PPO 7500/65 OffEx
- ☐ Bronze Tandem PPO 5500/65 OffEx
- ☐ Bronze Tandem PPO 6500/70 OffEx

* The Silver Full PPO 2225/50 OffEx and Silver Tandem PPO 2225/50 OffEx offer enhanced coverage for members diagnosed with diabetes, asthma, COPD, and CAD.

HMO Plans

Access+ HMO® plans, Local Access+ HMO® plans, and Trio HMO plans have different provider networks. Local Access+ and Trio are select networks and Access+ is a full network. Access+ and Local Access+ networks may not be offered together. Reset

☐ Choose ALL Trio and Local Access+ plans, OR

☐ Choose ALL Trio and Access+ plans, OR

☐ Individually choose any number of plan(s) below from Trio/Access+ or Trio/Local Access+:

Access+ HMO plans – Access+ HMO Network
- ☐ Platinum Access+ HMO® 0/20 OffEx
- ☐ Platinum Access+ HMO® 0/25 OffEx
- ☐ Platinum Access+ HMO® 0/30 OffEx
- ☐ Gold Access+ HMO® 0/30 OffEx
- ☐ Gold Access+ HMO® 500/35 OffEx
- ☐ Gold Access+ HMO® 1000/35 OffEx
- ☐ Gold Access+ HMO® 1500/35 OffEx
- ☐ Silver Access+ HMO® 2000/60 OffEx
- ☐ Silver Access+ HMO 2750/65 OffEx

Trio HMO plans – Trio ACO HMO Network
- ☐ Platinum Trio HMO 0/20 OffEx
- ☐ Platinum Trio HMO 0/25 OffEx
- ☐ Platinum Trio HMO 0/30 OffEx
- ☐ Gold Trio HMO 0/30 OffEx
- ☐ Gold Trio HMO 500/35 OffEx
- ☐ Gold Trio HMO 1000/35 OffEx
- ☐ Gold Trio HMO 1500/35 OffEx
- ☐ Silver Trio HMO 2000/60 OffEx
- ☐ Silver Trio HMO 2750/65 OffEx
- ☐ Bronze Trio HMO 7000/70 OffEx

Local Access+ HMO plans – Local Access+ HMO Network
- ☐ Platinum Local Access+ HMO® 0/20 OffEx
- ☐ Platinum Local Access+ HMO® 0/25 OffEx
- ☐ Platinum Local Access+ HMO® 0/30 OffEx
- ☐ Gold Local Access+ HMO® 0/30 OffEx
- ☐ Gold Local Access+ HMO® 500/35 OffEx
- ☐ Gold Local Access+ HMO® 1000/35 OffEx
- ☐ Gold Local Access+ HMO® 1500/35 OffEx
- ☐ Silver Local Access+ HMO® 2000/60 OffEx
- ☐ Silver Local Access+ HMO 2750/65 OffEx

7A cont'd Blue Shield of California Mirror Package for Small Business

Note: Cannot be offered alongside Off-Exchange plans. Can be offered alongside another carrier's plans. These plans "mirror" standardized plans offered through Covered California.

Reset

- ☐ Choose ALL Trio HMO and Full PPO plans, OR
- ☐ Individually choose any number of plan(s) below from Trio HMO and/or Full PPO

Platinum Mirror plans
- ☐ Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental
- ☐ Blue Shield Platinum 90 PPO 0/15 + Child Dental

Gold Mirror plans
- ☐ Blue Shield Trio Gold 80 HMO 250/35 + Child Dental
- ☐ Blue Shield Gold 80 PPO 350/25 + Child Dental

Silver Mirror plans
- ☐ Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental
- ☐ Blue Shield Silver 70 PPO 2250/50 + Child Dental

Bronze Mirror plans
- ☐ Blue Shield Bronze 60 PPO 6300/65 + Child Dental

7B ADDITIONAL SELECTIONS

Choose any additional selections, as applicable.

Reset

☐ **Yes, HealthEquity** ☐ **Remove HealthEquity**	If you selected an HDHP plan, you may choose to make HealthEquity your HSA administrator. **Choosing HealthEquity means Blue Shield shares eligibility and claims data for a seamless experience.** If you do not select HealthEquity, please work directly with your own HSA administrator.
☐ **Yes, Infertility Rider** ☐ **Remove Infertility Rider from all medical plans**	If selected, a rider for infertility benefits will be added to all medical plans for the entire group. This rider can be offered with either an Off-Exchange or a Mirror plan package, HMO and PPO.

8A SPECIALTY BENEFITS – DENTAL

Include an Employee Census listing each employee's plan selection with this form.
When the group is no longer offering plans that have active membership, the group-level changes cannot be completed without an Employee Census listing each employee's plan selection.

Choose one dental plan option below:

Reset

- ☐ **Single dental plan option** – Choose any ONE plan below (HMO or PPO), OR
- ☐ **Dual Choice dental plan option** – Choose any TWO plans below (any combination of HMO or PPO), OR
- ☐ **Triple Choice dental plan option** – Choose THREE plans below in one of these combinations:
  - ☐ 2 Dental HMO and 1 Dental PPO, OR
  - ☐ 3 Dental HMO plans, OR
  - ☐ 2 Dental PPO plans and 1 Dental HMO plan – This option requires you to offer Blue Shield medical plans. Both of the 2 Dental PPO plans must either have an orthodontic benefit or not have an orthodontic benefit.

Dental HMO plans

☐ DHMO Basic ☐ DHMO Standard ☐ DHMO Plus ☐ DHMO Deluxe ☐ DHMO Voluntary

Dental PPO plans

- ☐ Bronze DPPO/$1000/MAC
- ☐ Bronze DPPO/$1000/MAC/Child Only Ortho
- ☐ Silver DPPO/$1500/MAC
- ☐ Silver DPPO/$1500/MAC/Adult+Child Ortho
- ☐ Silver DPPO/$1500/U90
- ☐ Silver DPPO/$1500/U90/Adult+Child Ortho
- ☐ Gold DPPO/$1500/U90
- ☐ Gold DPPO/$1500/U90/Adult+Child Ortho
- ☐ Gold DPPO/$2000/U90
- ☐ Gold DPPO/$2000/U90/Adult+Child Ortho
- ☐ Platinum DPPO/$2500/U90
- ☐ Platinum DPPO/$2500/U90/Adult+Child Ortho
- ☐ Platinum DPPO/$3000/U90
- ☐ Platinum DPPO/$3000/U90/Adult+Child Ortho
- ☐ Platinum DPPO/$5000/U90
- ☐ Platinum DPPO/$5000/U90/Adult+Child Ortho
- ☐ Diamond DPPO/$3000/U95
- ☐ Diamond DPPO/$3000/U95/Adult+Child Ortho
- ☐ Diamond DPPO/$5000/U95
- ☐ Diamond DPPO/$5000/U95/Adult+Child Ortho

8A cont'd

Voluntary Dental PPO plans**

☐ Bronze Voluntary DPPO/$1000/MAC ☐ Bronze Voluntary DPPO/$1000/MAC/Child Only

* Voluntary Dental plans require one eligible, enrolling employee.

† This Voluntary plan does not include Waiting Periods. Submission of proof of any prior coverage is not required.

ADV stands for Advantage. ADV plans incentivize members to use in-network providers.

** The voluntary plans include a 12-month waiting period on major services and orthodontic services (ortho plan)

NR stands for No Rollover.

8B SPECIALTY BENEFITS – VISION*

Include an Employee Census listing each employee's plan selection with this form.
When the group is no longer offering plans that have active membership, the group-level changes cannot be completed without an Employee Census listing each employee's plan selection.

Choose one vision plan option below: Reset

☐ Single vision plan option – choose any ONE plan below, OR

☐ Dual Choice vision plan option – choose any TWO plan options below:

Ultimate Vision for Small Business (12-12-12)	Preferred Vision for Small Business (12-12-24)	Basic Vision for Small Business (12-24-24)
☐ Ultimate Vision Plus 0/0/150/150	☐ Preferred Vision Plus 0/0/150/150	☐ Basic Vision Plus 0/0/150/150
☐ Ultimate Vision 0/0/150	☐ Preferred Vision 0/0/150	☐ Basic Vision 0/0/150
☐ Ultimate Vision Plus 10/25/150/150	☐ Preferred Vision Plus 10/25/150/150	☐ Basic Vision Plus 10/25/150/150
☐ Ultimate Vision 10/25/150	☐ Preferred Vision 10/25/150	☐ Basic Vision 10/25/150
☐ Ultimate Vision 0/0/120	☐ Preferred Vision 0/0/120	☐ Basic Vision 0/0/120
☐ Ultimate Vision 10/25/120	☐ Preferred Vision 10/25/120	☐ Basic Vision 10/25/120
☐ Ultimate Vision Voluntary 10/25/150	☐ Preferred Vision Voluntary 10/25/120	☐ Basic Vision Voluntary 10/25/120

Voluntary Vision plans require one eligible, enrolling employee.

* Vision plans are underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

8C SPECIALTY BENEFITS – LIFE/AD&D*

When a group of 10+ eligible lives is adding Life and AD&D insurance for the first time, the Life and AD&D composite-rate quote that displays both the term life rate and the AD&D rate is required to be included with this form.

Choose the life plan design and coverage amount from the options below:

1. **Select plans** – Choose one employee plan option: Flat, Multiple of salary, or Graded. Determine if you also want to offer dependent life. If offering dependent life, the group must also offer Employee Life/AD&D.
2. **Provide benefit details** – Use the "Benefit amounts table" at the bottom of this section to find available amounts for each plan type.

Reset	1. Select plan(s)	2. Provide benefit details	Description
Employee	☐ Flat	Benefit amount: $ _____	All employees are covered at the same flat amount (up to the maximum amount).
	☐ Multiple of salary	☐ 1x salary or ☐ 2x salary Up to a maximum benefit of: $ _____	All employees are covered for the same multiple of salary at one or two times annual salary (up to the maximum amount). Benefit amounts are rounded to the next highest $1,000.
	☐ Graded	Make selections in the "Graded life table" below	Employees are covered by class (up to four), defined with different levels of benefits. Classes can be either flat or multiple of salary, and this selection can vary for each class.
☐ **Dependent**		Benefit amount: $ _____	Only available to employees electing Life/AD&D. Benefits for children ages 14 days to six months are 10% of total benefit, with no coverage for infants from birth to 14 days. AD&D is not available for dependents.

8C cont'd **Graded life table** (use only if choosing a graded plan). Provide a class description and choose one plan option, Flat or Multiple of Salary, for each class. Plan choices may vary by class. The benefit amount for each class must be no more than 2.5 times that of the next lower class.

Provide class description	Flat	Multiple of salary		Reset
Up to four classes	Provide benefit amount	Select salary multiplier	Provide maximum benefit amount	
Class 1	$ _____	☐ 1x or ☐ 2x	$ _____	
Class 2	$ _____	☐ 1x or ☐ 2x	$ _____	
Class 3	$ _____	☐ 1x or ☐ 2x	$ _____	
Class 4	$ _____	☐ 1x or ☐ 2x	$ _____	

Benefit amount table (use to find benefit amount or maximum benefit for your plan type)

Number of eligible employees	Flat	Multiple of salary	Basic dependent life
	If benefit is within a range, pick any increment of $5,000.	Minimum benefit always $15,000. 1x or 2x annual salary up to the below maximums.	Dependent life benefit must not be more than 50% of the employee benefit. Spouse/domestic partner and children must be covered for the same benefit amount.
2-9	$15,000 – $50,000	$30,000 or $50,000	$1,000 or $2,000 or $3,000 or $4,000 or $5,000
10-24	$15,000 – $100,000	$50,000 – $300,000 for 1x annual salary and $50,000 – $500,000 for 2x annual salary	$1,000 or $2,000 or $3,000 or $4,000 or $5,000 or $7,500 or $10,000 or $20,000
25-50	$15,000 – $150,000	$50,000 – $300,000 for 1x annual salary and $50,000 – $500,000 for 2x annual salary	
51-100	$15,000 – $150,000 or $175,000 or $200,000	$50,000 – $300,000 for 1x annual salary and $50,000 – $600,000 for 2x annual salary	

Employee Life/AD&D requires two eligible, enrolling employees.

* Life/AD&D Insurance is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

9 EMPLOYER CONTRIBUTIONS

How much will the group contribute for each product selected? Only one contribution for Employee and one contribution for Dependent may be selected for each product category.

Medical	Employee:	_____ **%** or $ _____	Employer must contribute either (1) at least 50% of employee's total premium, or (2) a defined contribution minimum of $100 per employee (or the cost of total employee premiums, whichever is less). If employer pays 100% employee premium, all eligible employees must enroll in coverage.
	Dependent:	_____ **%** or $ _____	
Dental	Employee:	_____ **%** or $ _____	Employer must contribute at least 50% of employee's total premium (except for voluntary plans). If 100% is paid by the employer, all eligible employees must enroll in coverage.
	Dependent:	_____ **%** or $ _____	
Vision	Employee:	_____ **%** or $ _____	Employer must contribute at least 25% of employee's total premium (except for voluntary plans). If 100% is paid by the employer, all eligible employees must enroll in coverage.
	Dependent:	_____ **%** or $ _____	
Basic Term Life and AD&D	Employee:	_____ **%** or $ _____	Employer must contribute at least 25% of employee's total premium (Voluntary life is not an option). If 100% is paid by the employer (non-contributory), all eligible employees must enroll in coverage.
	Dependent:	_____ **%** or $ _____	

10 EMPLOYER REPRESENTATIVE ATTESTATIONS AND SIGNATURE

By signing below, the group representative attests to the following:

1. The group understands that no requested change(s) will be effective until Blue Shield has processed this request and assigned an effective date. The group or the group's broker will be notified by Blue Shield of the change, or Blue Shield can be contacted for confirmation.
2. The person signing this form must be an existing authorized group contact on file with Blue Shield.

X

Authorized group representative signature

Date

Authorized group representative printed name

Authorized group representative printed title

11 GENERAL AGENT INFORMATION

General agency name

General agency tax ID number (for commission payments)

General agency producer name

General agency producer email

NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。