



## 2024 BLUE EDGE BUSINESS CHECKLIST

### To Quote:

*Current BCBSVT group:*

Group name and Group number

*New to BCBSVT:*

Record Form or authorization letter

Excel Census (to include: Name, Date of Birth, Gender, Relationship to Employee, Enrollment Tier, Zip Code)

Claims data, if available **To**

### To Enroll:

BRS Membership Form

BRS Membership check \$265

Signed Rate Sheet

Signed Stop Loss Application

Completed Group Enrollment Agreement

Single Case Agreement

Individual enrollment forms for new enrollees or a complete Excel census (with employee plan selections)

Check for first month's premium (only if new to BCBSVT)

HRA Forms (If applicable)

*Once the above are signed and returned, the below will be distributed for signature:*

Stop Loss Policy

Stop Loss Schedule

Contract

Please note: All documents must be completed and returned to **NIBS** no later than December 15, 2023 for a January 1, 2024 effective date.

Return to [BEB@nibsvt.com](mailto:BEB@nibsvt.com)

**Rates are only valid for 45 days – expiration dates are noted on the rate sheet.**