



An Independent Licensee of the Blue Cross and Blue Shield Association.

2026 BLUE EDGE BUSINESS CHECKLIST

To Quote:

Current BCBSVT group:

Group name and Group number

New to BCBSVT:

Record Form or authorization letter

Please note: Αll documents must be completed and returned to **NIBS** later than December 15, no 2025 for a January 1, 2026 effective date.

Return to BEB@nibsvt.com

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

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

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