



**BlueCross BlueShield  
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.



**HMO  
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,  
independent licensees of the Blue Cross and Blue Shield Association.

**NEW GROUP ENROLLMENT CHECKLIST**

**Group Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

This checklist must be completed when enrolling a new group in any of the following products: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Indemnity          | <input type="checkbox"/> HMOLA/POS                          |
| <input type="checkbox"/> PreferredCare PPO  | <input type="checkbox"/> Dental                             |
| <input type="checkbox"/> Advantage Blue POS | <input type="checkbox"/> Life, complete the SNL application |
| <input type="checkbox"/> BlueSaver          | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> HMOLA/HMO          |   |

LABI Applicant?  Yes  No, if yes, use LABI materials and provide a LABI membership card or application.

- BCBSLA or HMOLA Employer Application  
- If applying for Dental under HMOLA, complete a BCBSLA Employer Application
- BCBSLA or HMOLA Group Health Questionnaire for 20+ member groups
- BCBSLA, HMOLA, or SNL Employee Application or signed waiver for each eligible employee  
- If applying for Dental, under HMOLA, complete a Blue Cross Employee Application or signed waiver for each eligible employee
- Premium Check for the first month's premium (Binder check can not be a personal check)
- Prior Carrier Invoice for the month prior to effective date of enrollment
- Wage and Earning Statement (SUTA, required for companies older than 6 months)

If a SUTA is not available, please provide the following:

**Please indicate the entity type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Corporation</b> (included Non-Profit and Religious Entities) | <input type="checkbox"/> <b>Partnership</b> | <input type="checkbox"/> <b>Sole Proprietorship</b> |
|--|---|---|

**Employer Authentication** (provide the following)

**For Profit Corporation** (1 of 3)

- Articles of Incorporation
- Business License
- Certificate of Incorporation

**Not for Profit Corporation**

- 501 c Filing (**Mandatory** for Non-Profit Organizations)

**Partnership** (1 of 3)

- Copy of State License
- Partnership Agreement
- Copy of Charter

**Sole Proprietorship** (1 of 2)

- Copy of State License
- Copy of Occupational License

**Management or Ownership Authentication** (provide the following)

**Corporation** (1 of 3)

- Operating Agreement
- Most Recent Annual Report
- Copy of By-Laws

**Partnership** (1 of 2)

- Partnership Tax Return (K-1 with Schedule E)
- Partnership Agreement

**Sole Proprietorship**

- Copy of Most Recent Tax Return (Schedule C)

~See Reverse~

**NEW GROUP ENROLLMENT CHECKLIST**

**Group Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Employee Authentication** (must provide 1 of 2)

- Most recent payroll register, which should be current to the time of installation, provided the company has not been in operation for one quarter
- Form 941 (FUTA, required entities older than 6 months but have no SUTA)

If the Company has not been in business long enough to provide any of the above, then two of the four below must be provided

- Copy of Annotated W-4's
- Annotated Time Sheets
- Copy of Annotated L-4's
- Copy of I-9's for each Employee

**Group Offering Authentication (please provide the following)**

- Copy of sold proposal
- Items listed on qualifications page of proposal (if present)
- Custom Eligibility Questionnaire for Custom Eligibility (formerly management only) groups

<i>Please sign when enrollment packet has been completed and reviewed:</i>	
Agent/Broker _____	Reviewer _____
Date _____	Date _____

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_