



START-UP BUSINESS QUESTIONNAIRE

SMALL GROUP MEDICAL COVERAGE

EMPLOYER NAME	TYPE OF BUSINESS	Applying for Group Medical Dental Life Fremont Workers' Comp
ADDRESS	CITY ZIP CODE	Telephone Number ()
Contact Person	Title	e-mail address
		Fax Number ()

Total # Full-Time Employees	Total # of Part-Time Employees	Total # of Eligible Employees	Business Start Date	Requested Effective Date
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MEDICAL BENEFIT SELECTION		
Premier \$10 Co-pay	Basic PPO	High Deductible EPO (MSA Compatible)
Premier \$20 Co-pay	Saver PPO	(\$2,000 / \$4,000)
\$30 Co-pay	HMO 100	EmployeeElect – <i>Can only be added on anniversary date.</i>
\$40 Co-pay	Saver HMO	

<p>Medical Has any employee or dependent to be covered been advised to have treatment, received treatment, is receiving treatment or been hospitalized for any of the following conditions within the last 5 years:</p> <p>1. Cardiovascular disease or heart attack; stroke; disorder of the kidney, stomach, intestines or liver; musculoskeletal conditions; mental or nervous condition; central nervous system disorders; diabetes; any disorder of the lungs or respiratory system; cancer or immune deficiency disorder, AIDS, or AIDS-related complex? If yes, please explain condition, treatment, medications and prognosis.</p> <p>_____</p> <p>_____</p> <p>2. Is any female to be covered currently pregnant?</p> <p>3. Are there any employees, or dependents considered disabled?</p>	<p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
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_____ Signature of Principal	_____ Date
Steve Shorr Insurance www.SteveShorr.com	
_____ Signature of Agent	_____ Date

POTENTIAL FOR: Approval Decline OR: Need additional information (See notes below)	NOTES: 		
NAME OF UNDERWRITER	UNIT NO.	PHONE NO. ()	DATE

This is a preliminary evaluation only and does not establish eligibility or guarantee coverage in any way. The final decision on eligibility for coverage will be made upon underwriting review of the completed employee(s) and employer applications and any other documentation required.

**Please fax to: Small Group Underwriting – Attn: Underwriting
Fax #: (805) 499-0302**

Please refer to the Underwriting Guidelines for Start-Up Groups that describes all documents required when submitting the Employee and Employee applications for coverage.



Underwriting Requirements New Ventures: Start-Up Companies

Definition

Under this start-up initiative program that began February 1, 2000, a Start-Up Group (new venture) is defined as a small employer group, meeting all other requirements of a small employer except for the length of time in business. To be considered for Small Group enrollment on a non-guaranteed basis, one of the following criteria must be met:

- An employer can apply for coverage within 30 days prior to being actively engaged in a business or service
- An employer can apply for coverage if his/her firm is actively engaged in a business or service for less than 30 days.

Underwriting Requirements for Start-Up Groups

Sole Proprietors

Forms Required:

- Employer and Employee Application
- Fictitious Business Name Filings, or
- Business licenses, if applicable, and
- Blue Cross Sole Proprietor, Partner, or Corporate Officer Statements, form #ME8054, and
- Conditions of Enrollment for Start-Up Groups, form #IS2416

Partnerships

Forms Required:

- Employer and Employee Application
- Copies of Partnership Agreements, and
- Blue Cross Sole Proprietor, Partner, or Corporate Officer Statements, form #ME8054, and
- Conditions of Enrollment for Start-Up Groups, form #IS2416

Corporations

Forms Required for California corporations:

- Employer and Employee Application
- Articles of Incorporation certified by the Secretary of State, as filed, including signature pages, and
- Blue Cross Sole Proprietor, Partner, or Corporate Officer Statements, form #ME8054
- Conditions of Enrollment for Start-Up Groups, form #IS2416

Additional forms required for companies incorporated outside the state of California:

- Certificate of Qualification or Statement by Foreign corporation certified by the Secretary of State, as filed, and
- Blue Cross Sole Proprietor, Partner, or Corporate Officer Statements, form #ME8054
- Conditions of Enrollment for Start-Up Groups, form #IS2416

Enrollment Guidelines for Start-Up Groups

- Thirty (30) days of payroll will be required for enrolling employees. In the event that the Small Group has not been in business long enough to provide 30 days of payroll, Blue Cross will consider the Small Group, based upon a firm contingency of receiving payroll 30 days from the effective date of coverage.
- If the new company is approved for coverage, they will be set-up for automatic re-certification after six (6) months.
- The new Start-Up group will be considered on a non-guaranteed issue.*

** Please note: Among other criteria, a company must have maintained 2-50 employees for 50 percent of the previous calendar quarter or previous calendar year to be considered a guarantee issue group. **Blue Cross reserves the right to defer the group until they meet AB 1672 guidelines.***

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Small Group Services
P.O. Box 9062
Oxnard, CA 93031-9062
(800) 627-8797

Date of Application

Name of Group

Conditions of Enrollment for Start-Up Companies

I agree that if, after review, Blue Cross of California offers my group coverage, it is contingent on receiving the company's first 30 days' complete payroll records or other acceptable documentation when they become due.

I understand that Blue Cross reserves the right to rescind or non-renew coverage if this payroll documentation is not provided in a timely manner, or it does not meet Blue Cross criteria for enrollment eligibility.

By signing below, I agree to the above Conditions of Enrollment in addition to all other terms, limitations and conditions of the Group Benefit Agreement.

Employer Signature

Date