BlueCross BlueShield of Texas

Blue Balance Funded℠ Request for Proposal for Accounts with 10-50 Employees

PLEASE COMPLETE THIS REQUEST ELECTRONICALLY AND EMAIL IT TO YOUR SMALL GROUP SALES EXECUTIVE.

REQUESTED EFFECTIVE DATE	ERISA GROUP? ☐ YES ☐ NO

EMPLOYER LEGAL NAME			EMPLOYER ADDRESS		
CITY	STATE	ZIP CODE	EMPLOYER COUNTY	SIC CODE (4-DIGITS)	NATURE OF BUSINESS

PRIMARY PRODUCER NAME	EMAIL	PRIMARY PRODUCER NUMBER	REQUESTED PCPM MEDICAL COMMISSIONS (SELECT $5 INCREMENTS BETWEEN $20 AND $80) $

GENERAL AGENT NAME (IF APPLICABLE)	EMAIL	GA PRODUCER NUMBER

NAME OF CURRENT CARRIER	ORIGINAL EFFECTIVE DATE WITH CURRENT CARRIER

AVERAGE NUMBER OF EMPLOYEES ON PAYROLL DURING BUSINESS DAYS IN THE PRECEDING CALENDAR YEAR (INCLUDE FULL-TIME, PART-TIME AND SEASONAL EMPLOYEES)	TOTAL NUMBER OF ELIGIBLE EMPLOYEES (NOT INCLUDING THOSE ON COBRA OR IN THEIR WAITING PERIODS)	TOTAL NUMBER OF COBRA ENROLLEES (CENSUS SHOULD REFLECT ALL COBRA ENROLLEES)

TOTAL NUMBER OF ELIGIBLE EMPLOYEES CURRENTLY IN THEIR WAITING PERIODS	TOTAL NUMBER OF PART TIME EMPLOYEES
TOTAL NUMBER OF ELIGIBLE EMPLOYEES WAIVING WITH NO OTHER COVERAGE	TOTAL NUMBER OF ELIGIBLE EMPLOYEES WAIVING BECAUSE OF OTHER COVERAGE
EMPLOYER CONTRIBUTION PERCENTAGE (MINIMUM 50% REQUIRED)	HAS THE GROUP BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS EITHER CURRENTLY OR WITHIN THE LAST 12 MONTHS? ☐ YES ☐ NO

MEDICAL QUESTIONS *(FOR STOP LOSS QUOTES)*

1. HAVE THERE BEEN ANY CLAIMS OVER $25,000 IN THE PAST 12 MONTHS?	☐ YES	☐ NO	☐ UNKNOWN
2. IF YES, IS ADDITIONAL TREATMENT EXPECTED WITHIN THE NEXT 12 MONTHS?	☐ YES	☐ NO	☐ UNKNOWN
3. ARE ANY PARTICIPANTS ON DISABILITY OR NOT ACTIVELY AT WORK?	☐ YES	☐ NO	☐ UNKNOWN
4. ARE ANY PARTICIPANTS DIAGNOSED WITH HIGH-RISK CONDITIONS?	☐ YES	☐ NO	☐ UNKNOWN

If you answered **YES** to any of these questions, please attach the patient's birth date, diagnosis, prognosis, onset date, treatment plan and medication. Please **DO NOT** disclose member identifiers like names or ID numbers.

PLEASE SUBMIT YOUR RFP AND THESE REQUIRED DOCUMENTS TO YOUR SALES EXECUTIVE.

Note: all questions must be answered, and all required documentation included to initiate a quote.

☐	CURRENT CENSUS INFORMATION	(Only include members who will participate in the Blue Balance Funded program. Please submit the census on the specially formatted Excel spreadsheet your sales executive provides. Do not modify the census spreadsheet in any way. Modifications will result in load errors and delay your quote.)
☐	CURRENT BENEFIT SUMMARY	
☐	RENEWAL DOCUMENT – MUST INCLUDE CURRENT AND RENEWAL RATES	
☐	LARGE CLAIM INFORMATION (IF AVAILABLE)	
☐	CURRENT CARRIER'S CLAIMS VS. PREMIUMS AND MEDICAL CONDITIONS REPORTS (IF AVAILABLE)	