

SOCA Benefit Plan Case Submission Checklist



Thank you for selecting Anthem Blue Cross and Blue Shield and the SOCA Benefit Plan. Following is a list of items necessary to enroll your client's business. Sold cases and required documents are submitted via the quote to enrollment tool found on Anthem's Producer Toolbox. Incomplete documents will be returned to you for completion and incomplete submissions will delay the effective date. We require a minimum of **15** days for processing a new case submission. The 15-day period begins when all checklist items are received in our office with no missing information.

Case Submission Requirements

- ☐ Employer application packet¹ (includes employer application, participation agreement, plan document, and business acknowledgement)
- ☐ Annual Rate and Census Reconciliation (ARC) Form¹
- ☐ Proof of membership in a SOCA Benefit Plan eligible chamber of commerce
- ☐ Final employee medical questionnaires (if any changes from original submission, please contact sales rep. before submission)
- ☐ Final Proposal (rates/benefits)²
- ☐ Enrollment in approved Anthem format (a formatted template will be available in the quote to enrollment tool)
- ☐ Electronic Funds Transfer (EFT)/ACH banking form—**1st month's premium equivalent rate (and specialty premium if applicable) will be withdrawn via EFT**
- ☐ SOLE PROPRIETORS ONLY:
 - Cover page for form 1040 with schedule C **OR**
 - Cover page for form 1040 with schedule F and a schedule SE
- ☐ If Life coverage is purchased, Hold Harmless Agreement
- ☐ **OPTIONAL:** An *Actwise Questionnaire* is required if an employer requests to set up integrated Actwise Health Savings Accounts on behalf of enrollees. Please contact your sales representative for details.
- ☐ Additional documents required for Life or Disability quoted by Connect Team (to be uploaded to "additional docs" space(s) on document checklist)
 - Benefit Modification Form (serves as employer application for life and DI)
 - Signed proposal
 - Enrollment census specific to these lines of coverage
- ☐ If specialty is sold, please review the following rules and requirements before submission:
 - Dental:
 1. Voluntary dental requires a minimum of 5 eligible and 2 enrolling employees
 2. Dental with orthodontia requires at least 5 enrolling employees
 3. Non-voluntary dental plans require a minimum 50% employee enrollment after qualified waivers and 2 enrolled employees (sole proprietors are eligible with one enrollee)
 - Vision:
 1. Non-voluntary vision plans require participation to match medical or dental enrollment, or have minimum 50% employee enrollment after qualified waivers, and minimum of 2 enrolled employees (sole proprietors are eligible with one enrollee)
 2. Voluntary vision plans require a minimum of 5 eligible and 2 enrolled employees
 - Group Life/AD&D coverage:
 1. Rates are dependent on employer contribution. Please ensure proposal contribution matches actual group contribution
 - Short-term/Long-term disability:
 1. For groups of 2-5
 1. STD: employees must submit Evidence of Insurability for maximum weekly benefit over \$500
 2. LTD: employees must submit Evidence of Insurability for all benefit amounts
 2. Rates are dependent on employer contribution. Proposal contribution must match actual group contribution
 3. Participation Requirements
 1. Non-contributory, 100% of eligible employees must enroll
 2. Contributory requires 75% of eligible employees must enroll

¹The employer application, participation agreement, plan document, business acknowledgement, and ARC Form are pre-populated via docusign and will be appended to the submission

²The final underwriting approved proposal will append to the submission. Any deviations from information submitted for the final rates (i.e. enrollment, medical questions, SIC code, address) may result in a requote/change to final rate.