

Please review all paperwork before submission.

All of the items below must be received on or before the requested group's effective date.
Group's effective date will be the first of the month after the receipt of all below listed items.

- ☐ Anthem Employer Application Form.
- ☐ Completed Online Census Enrollment Template.
- ☐ All employees working 30+ hours per week, must be accounted for or added to the census on either the subscriber tab or waiver tab. Please include a valid reason for waiver.
- ☐ Most recent *Quarterly Wage and Tax Statement/UC1 Form* (Employer must denote each employee's status (full-time, part-time, termed, etc.) and add all new hires, along with their status, on the statement.)
- ☐ New company requirement: *Articles of Incorporation* and payroll records or W-4s.
- ☐ Most recent *Prior Carrier Bill* only if COBRA participants (Prior carrier bill must be dated within 60 days of requested effective date.)
- ☐ Anthem's *Benefit/Rate Proposal* (signed and dated).
- ☐ Initial premium check made payable to: Anthem Blue Cross and Blue Shield.
Submit via mail to Anthem.
- ☐ Chamber/Association membership information (if applicable).
 - ☐ For new Chamber/Association members: Mail all original paperwork to the appropriate Chamber/Association and submit a copy of the Chamber/Association application and check to Anthem with the new case submission.
 - ☐ For existing members: Submit either a letter from the Chamber/Association verifying membership, a copy of the membership card or a screen shot of the Chamber/Association web site listing the company as a member.
- ☐ If selecting an HSA product, do you want Anthem to facilitate opening a Health Savings Account?
☐ Yes ☐ No If yes, the Act Wise form will need to be completed as part of the enrollment process.
- ☐ If selecting life or disability coverage, also include:
 - ☐ Prior carrier latest bill with life/disability benefit amounts shown (required for takeover business).
 - ☐ Evidence of Insurability forms for:
 - ☐ Amounts in excess of the guarantee issue (GI) amount on virgin coverage.
 - ☐ Any new or additional amounts on grandfathered coverage.
- ☐ Completion of Pre-/Post-tax claim information for disability plans:
 - ☐ STD Employee's payroll deduction:
☐ Pre-tax ☐ Post-tax
 - ☐ LTD Employee's payroll deduction:
☐ Pre-tax ☐ Post-tax

Note: Since Anthem is neither a Hawaii authorized insurer nor a Hawaii Health Care Contractor, our benefits may not match the requirements of the Prepaid Health Care Act. We recommend that you obtain direct quotes for either an individual policy for employees who live and work in Hawaii or if there are several employees within an employer group to obtain group coverage from a Hawaii authorized insurer. This would ensure that all the state requirements are met.

Submit your Ohio Small Group new cases

Paperwork must be submitted electronically via the Anthem Producer Toolbox.

Binder check must be mailed to the following address:

Anthem Blue Cross and Blue Shield
Attn: Ian Cossman/Tawana Leflore
4241 Irwin Simpson Road
Mail Stop OH0201-A621
Mason, Ohio 45040

Please visit YourTimeMatters.com/OH for instructional videos and helpful materials designed to make managing your business easier.

For help, contact Broker Technical Support at 888-268-4361 or software.support@anthem.com.

With your help, customers can enjoy a smooth transition to Anthem coverage. Thank you for your business.

Reset Form

Save and Print

SOCA Benefit Plan (Employer Group Size 2-50 and Sole Proprietors)

Sold Case Submission Checklist (2020)



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. To expedite the processing of your group, please submit via FormFire the requested items below to your sales office at socabpnewcaseinstall@anthem.com (unless otherwise stated). 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.

Medical Case Submission Requirements

- ☐ SOCA Benefit Plan Participation Agreement
- ☐ SOCA Benefit Plan Participating Business Acknowledgement Agreement
- ☐ SOCA Benefit Plan employer application (2020 Version)
- ☐ SOCA Benefit Plan employee applications with medical (2020 Version)
- ☐ Signed rates and benefits
- ☐ Anthem excel census enrollment template (IM01), loaded and submitted via FormFire
- ☐ Proof of chamber membership (ONLY acceptable formats shown below)
 - ☐ A letter from the Chamber of Commerce stating that the employer is a member in good standing. The letter must be on letterhead that is specific to the employer's declared Chamber of Commerce.
 - ☐ An email from the employer's declared Chamber of Commerce stating that the employer is a member in good standing. The email must specify the sender's name and title, and must also show the sender's email address, date, and time stamp. It is acceptable for the broker to obtain this email from the Chamber of Commerce on behalf of the client and to forward it to SOCA.
 - ☐ A copy of a cancelled check or credit card receipt that indicates payment of membership dues in the employer's declared Chamber of Commerce.
- ☐ SOCA Benefit Plan Electronic Funds Transfer (EFT) banking form and voided check (required)—**1st months premium equivalent rate will be withdrawn via EFT**
- ☐ Annual Rate and Census Reconciliation Form
- ☐ SOLE PROPRIETORS ONLY:
 - ☐ Cover page for form 1040 with schedule C **OR**
 - ☐ Cover page for form 1040 with schedule F and a schedule SE

Dental Sold Case Submission

- ☐ BeneMod Form
- ☐ Dental enrollment template (IM01)
- ☐ Signed rates and benefits
- ☐ Proof of chamber membership
- ☐ SOCA Benefit Plan Electronic Funds Transfer (EFT) banking form and voided check (required)

1st months premium rate will be billed or withdrawn via EFT as applicable

Minimum 2 enrolled and no more than 50 total employees on average during the preceding calendar year.

SOCA Benefit Plan (Employer Group Size 2-50 and Sole Proprietors) Sold Case Submission Checklist (2020)



Vision Sold Case Submission

- ☐ Vision enrollment template (IM01)
- ☐ BeneMod Form
- ☐ Signed rates and benefits
- ☐ Proof of chamber membership
- ☐ SOCA Benefit Plan Electronic Funds Transfer (EFT) banking form and voided check (required)

1st months premium rate will be billed or withdrawn via EFT as applicable

Life & Disability Sold Case Submission

- ☐ Life & Disability enrollment template (IM01)
- ☐ BeneMod Form
- ☐ Signed rates and benefits
- ☐ Proof of chamber membership
- ☐ SOCA Benefit Plan Electronic Funds Transfer (EFT) banking form and voided check (required)
- ☐ Hold Harmless Agreement

1st months premium rate will be billed or withdrawn via EFT as applicable

Minimum 2 enrolled and no more than 50 total employees on average during the preceding calendar year.