



Small Group New Business Inquiry

All HMO Medical plans, Premier \$10/\$20 Copay plans and PPO \$30/\$40 Copay plans are offered by BCC.
All other Medical, Term Life and AD&D products are offered by BCL&H.

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	Underwriting Unit: UW1	FAX No: 805-499-8623	Underwriting Unit: UW2	FAX No: 805-499-0302
Supervisor	Susan Davis		Eddie White	
Counties of the Writing Agent	Imperial	Orange	San Bernardino	Alameda
	Los Angeles	Riverside	San Diego	Fresno
				Marin
				Placer
				Santa Clara
				Tehama
				Alameda
				Alpine
				Glenn
				Mariposa
			Plumas	
			Santa Cruz	
			Shasta	
			Tulare	
			Mendocino	
			Sacramento	
			Sierra	
			San Benito	
			Siskiyou	
			Santa Clara	
			Solano	
			San Joaquin	
			Sonoma	
			Yuba	
			San Luis Obispo	
			Stanislaus	
			Sutter	
			Napa	
			San Mateo	
			Nevada	
			Santa Barbara	
General Agents	BenefitMall.com CIMS	Dickerson Direct Sales	Acordia of California Beere & Purves	Cenco LISI
			Price Associates Warner Pacific	

Group Information

(1099 employees are not eligible for coverage)

Group Name		Date Inquiry Submitted/Faxed		Requested Effective Date	
Takeover? <input type="checkbox"/> Yes <input type="checkbox"/> No		Group's ZIP Code (Mandatory)		Agent Name	
Agent ID No.		General Agent			
Total Full-time EMPLOYEES		Total Part-time Employees			
Total Enrolling		No. COBRA/Cal-COBRA Employees in Group		Phone No. ()	
				FAX No. ()	
No. Employees Declining Coverage		No. of Employees Out of State		Are all applicants covered by Workers' Comp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				No. of Pregnancies in Group Due dates: / / / /	
Plan Choice		<input type="checkbox"/> All plans OR		<input type="checkbox"/> Designate specific plan options (Check as many as apply)	
<input type="checkbox"/> Basic PPO		<input type="checkbox"/> Advantage PPO \$25 Copay		<input type="checkbox"/> Power HealthFund 750	
<input type="checkbox"/> Saver PPO		<input type="checkbox"/> Premier PPO \$20 Copay		<input type="checkbox"/> Power HealthFund 500	
<input type="checkbox"/> PPO \$35 Copay w/GenRx		<input type="checkbox"/> Premier PPO \$10 Copay		<input type="checkbox"/> High Deductible EPO	
<input type="checkbox"/> PPO \$40 Copay		<input type="checkbox"/> PPO 3500 (HSA-Compatible)		<input type="checkbox"/> Power Select HMO	
<input type="checkbox"/> PPO \$30 Copay		<input type="checkbox"/> PPO 2400 (HSA-Compatible)		<input type="checkbox"/> Saver HMO	
				<input type="checkbox"/> Classic HMO	
				<input type="checkbox"/> HMO 100%	
				<input type="checkbox"/> Other _____	
				<input type="checkbox"/> BC Life Insurance	

Medical Conditions

Applicant Data				Dependent Data			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight
Specific Diagnosis and Date of Onset				Specific Diagnosis and Date of Onset			
Current Treatment and Prognosis				Current Treatment and Prognosis			
Medication / Dosages				Medication / Dosages			

General Concerns and Questions

Underwriting Response

<input type="checkbox"/> Potential for Approval Possible RAF: _____ <input type="checkbox"/> Decline	<input type="checkbox"/> Submit with Medical Records for:		
	Notes		
	Underwriter	Unit No.	Date

Decisions resulting from this inquiry are based solely upon the completeness and accuracy of the information provided and are subject to change based upon additional information provided or not disclosed. If you are submitting this case, please be sure to include a copy of this inquiry and our response with the completed and signed employee applications. This response does not guarantee your group will be approved. **Thank You!**