

2016 Enrollment Checklist for New Premera Plan Groups



Premera Blue Cross Washington Groups of up to 50 Employees

All completed enrollment material must be in our office by the **following due dates** to ensure coverage is active on the effective date. Incomplete materials will automatically move the group's plan effective date to the next month.

- **5th of the month for HRA and HSA plans** (*Materials received after the 5th of the month for HRA and HSA plans must include a signed Late Enrollment Acknowledgement form*)
- **9th of the month for all other plans** (*Materials received between the 9-18th for all other plans must include a signed Late Enrollment Acknowledgement form*)
- **Enrollment materials cannot be received after the 18th of the month for the following month's effective date**

Complete the necessary application forms and Premera census template/enrollment spreadsheet shown below. All forms can be found on the Resources page on the S4 Benefits website www.s4benefits.com.

[Group Master Application 2016](#)

[Group Master Application Benefit Selection Worksheet](#) and, (if choosing dental): [GMA Dental Selections](#)

Please select one of the following, based on your scenario:

[Premera Small Group Census Template](#)

For these scenarios:

- New Groups Only
- 1 medical plan (all types)
- 1 medical plan with dental
- One class only
- Dual choice with no vision
- Dual choice with dental

[Enrollment Spreadsheet](#) or [Member Enrollment and Change Forms](#)

For these scenarios:

- Multiple classes
- Active COBRA employees
- Dual Choice medical with vision
- PersonalCare Plans
- Dental stand-alone plans
- Renewals

Copy of Binder Check for the first month's premium (see address at the bottom for mailing to Premera)

[Late Enrollment Acknowledgement Form](#) (if applicable – depends on date of submission)

Send application material and a copy of the first month's premium check to s4support@rehnonline.com for the plan(s) selected

HSA/HRA required enrollment material can be found on page 2.

Send first month's premium check to:

MAIL:

Premera Blue Cross Small Group
P.O. BOX. 91060
Seattle, WA 98111

OVERNIGHT:

Premera Blue Cross Small Group
ATTN: FINANCE - New Small Group 7005 220th St. SW -
Mail Stop 328
Mountlake Terrace, WA 98043

If you have questions on the forms or processing of your group, call S4 Benefits at 800.872.8979 X 775.

HSA Plans

The following documents are required for Balance Silver HSA 5000; required for all HSA plans only if setting up accounts through UMB Bank.

- [Group Funding Account Set-up for Group](#)
- [Electronic Funding Authorization](#)
- [Personal Funding Account Enrollment and Change Application for each covered employee](#)

Not required: HSA Administrative Service Agreement Sample (provide to employer)
UMB Bank Terms and Conditions (provide to employees)

HRA Plan

The following documents are required for the Gold HRA PCP 2000.

- [Group Funding Account Set-up for Group](#)
- [Electronic Funding Authorization](#)
- [Personal Funding Account Enrollment and Change Application for each covered employee](#)
- [Business Associate Agreement \(ERISA or Non-ERISA\)](#)

Not required: HRA Administrative Service Agreement Sample (provide to employer)
UMB Bank Terms and Conditions (provide to employees)