

A Guide to Using the Right Form

The chart below will help you determine which of the new forms to use.

For new groups without BlueCross BlueShield of Tennessee group products	Use
Initial enrollment of a new group. Employees waiving coverage must complete section 7.	Form EEW
Initial enrollment of existing COBRA participants, when group has purchased COBRA Administration Services	Form EEW and Form GB-108 CCN
Initial enrollment of a new small group (size 2 to 25 participating employees). Employees waiving coverage must complete section 7.	Small Group Health Questionnaire (In addition to Form EEW)
For existing BlueCross BlueShield of Tennessee group product customers	Use
<p>When you want to:</p> <ul style="list-style-type: none"> • Enroll a newly hired employee. • Enroll a rehired employee. • Enroll an existing employee who is not currently covered under this group plan. • Waive coverage (Complete and sign section 7). • Enroll an employee in COBRA after the employee's coverage has been terminated, if the group self-administers COBRA <p>Note: This will be used for timely applications, late applications, open enrollment or special enrollment (qualifying event) if the employee fits one of the above.</p>	Form EEW
<p>When you want to:</p> <ul style="list-style-type: none"> • Make changes to a currently enrolled employee/dependent. • Add new dependents to a currently enrolled employee. • Add new coverage to a currently enrolled employee (such as adding dental coverage to an existing medical policy). <p>Note: This form should be for address changes, name changes, salary changes, life insurance beneficiary changes, subgroup or department number changes or changes from one health plan to another health plan.</p>	Form ADC
<p>When you want to:</p> <ul style="list-style-type: none"> • Terminate/delete employee or dependents • Transfer member to COBRA if group self-administers COBRA 	Form TRM
<p>If BlueCross BlueShield of Tennessee administers COBRA:</p> <ul style="list-style-type: none"> • Terminate and transfer member to COBRA 	Form GB-108 (CCN)
Adding a new group product to an existing BlueCross BlueShield of Tennessee group. (For example, adding dental coverage to a group with existing medical coverage)	Use
Enroll employees and eligible dependents in the new product, who are enrolled in the existing group product coverage.	Form ADC
Enroll employees and eligible dependents in the new product, who are not enrolled in the existing group coverage.	Form EEW