

**DOCUMENTS THAT CONTAIN WHITE-OUT CANNOT BE ACCEPTED**

<b>Employer Group Application Change Form - EGACF</b>		
<b>Section/ Line#</b>	<b>Description</b>	<b>Instructions</b>
<b>Top of EGACF (before Section A)</b>		
Group Name		Enter name of group.
Date		Enter the date this form is completed
Effective Date of Change		Enter the requested effective date of change.
Group Number		Enter assigned group number
<b>Section A - General Information</b> - Check only items that are changing or select "no change from current" if there are no changes.		
1	Employer's Legal Name (as listed on your FEIN)	This is the group's complete legal name as listed on the FEIN, including the dba name.
1a	Health Benefit Plan Name	Groups of 2-25 employees, skip this field. Groups of 26+ employees, enter Health Benefit Plan Name if you file with Dept of Labor.
2	Subsidiaries to be added or deleted under this Group Agreement	If adding or deleting subsidiaries, enter names and addresses. If additional space is needed list same information on a separate page with group name and number indicated.
3	Reset Renewal Date (To be completed by BCBST)	This is the group's new renewal date (ie: 02-01).
<b>Section B - Optional Coverage and Services</b>		
Are Rates Changing?		Check yes or no.
Are Benefits Changing?		Check yes or no.
<i>Optional Coverages - Medical Only</i>		
1	Behavioral Health	If changing, must be checked accept or decline for each option and indicate option number as applicable.
2	Wellcare Rider	If changing, must be checked accept or decline for each option and indicate option number as applicable.
<i>Optional Services (applies to all options in a multi-option plan)</i>		
1	COBRA Administration without INL	If changing, must be checked accept or decline for medical and/or dental on groups of 20 or more employees.
2	COBRA Administration with INL	If changing, must be checked accept or decline for medical and/or dental on groups of 20 or more employees.
3	Lifestyle Coaching	Groups less than 150 employees skip this section. If changing, groups of 151+ employees, check yes or no to include or exclude Lifestyle Coaching.
<b>Section C – Plan Eligibility (Medical and/or Dental)</b> - Check only items that are changing or select "no change from current" if there are no changes.		
1	Check here to add coverage for permanent Part-Time Employees	If changing, yes must be checked for medical and/or dental <b>if</b> PT employees are to be covered.
2.	Are retirees covered?	If changing, check yes or no.
3	Special classes to be excluded	Prior approvals may be needed. See BCBST Representative. If changing, none or as follows must be

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Effective 02/01/08*

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		checked for medical and/or dental. If as follows is checked, the excluded class must be indicated on the line provided.
<b>Section C – Plan Eligibility (Medical and/or Dental) - Check only items that are changing or select "no change from current" if there are no changes.</b>		
4	Special classes to be included	All selections that apply to this change must be checked for medical and/or dental. If unanswered the default will be "none". If "As Follows" is checked, a <b>group specific Special Plan Eligibility Provision Attachment A-2 Form</b> and prior approval may be needed. See BCBST Representative.
5.	<b>Waive</b> Eligibility Waiting Period	Check yes or no to <b>waive</b> the Eligibility Waiting Period on the initial effective date of this Group Agreement.
6	Medical/Dental Eligibility for New Hires	
	One Class of Employees (All employees have the same eligibility period)	If there is only one eligibility period for all employees "Cover All Classes" should be completed for medical and/or dental. Days or Months should be checked with the appropriate number written on the line provided under Eligibility Period and, First Billing, Next Day or Day of should be checked to indicate effective/termination date of coverage.
	If eligibility periods vary by class of employees <b>or</b> if <u>not</u> covering all classes.	If eligibility periods vary by class of employees or if <u>not</u> covering all classes, the sections below should be checked in the same manner as above, by class.
	Other Classes	If the specific class is <u>not</u> identified in either of the above two selections (hourly, salary, management, non-management or all classes), the appropriate class name should be written on the line under Other Classes with the eligibility period and effective/termination date checked in the same manner as above, by class.
	Do any Special Termination Arrangements apply?	Must be checked yes or no (if changing). If yes, <b>Special Billing Provisions Attachment A-3 Form</b> is required and each class must be listed.
5	Does the Employer elect a Rehire Provision?	If changing, must be checked yes or no. If no is selected, no other action is needed. If yes is selected, the number of days a person can be laid off/terminated from their last date of employment & be considered a rehired employee must be indicated (ie: 30, 60, 90, 180 - cannot be 0 days) & days or months must be selected. The rehire days are not usually the same as the newly hired employees nor should it be zero.
<b>Section D - Organization (Employer) Authorized Signature</b>		
	The person duly authorized by the group to execute the group agreement. Must be employed by the group. The broker <b>cannot</b> sign for the group.	Signature, Date Signed, Printed Name of Signee & Title are all required fields.
<b>Section E - Broker's Certification</b>		
	Broker Signature & Date Signed	Both fields required if broker signs form.
<b>Section F - Company (BCBST ) Acceptance</b>		
	Joan Harp Stamp & date stamped	To be completed by BCBST