

New Group Checklist

Please return the following items to BCBSVT for new group enrollment.

- [] Completed and signed Group Enrollment Agreement Form.
If your practice has at least five employees enrolling and you wish to offer two plans, please make sure to indicate (with an 'X' or a checkmark) which two plans you wish to offer. Also make sure that your employees indicate at the top of their Enrollment Form (application) which plan it is they wish to enroll in by writing it in the white margin.

- [] Completed Group Enrollment Form for each employee enrolling in the plan.
(Please make copies of the one provided in your packet.)

For TVHP BlueCare (HMO) plans, each subscriber and dependent must select a network Primary Care Physician (Nurse Practitioners, Physician's Assistants, Specialists and facilities are NOT acceptable).

- [] A check for your first month's premium, made payable to Blue Cross and Blue Shield of Vermont.

- [] Once you have completed paperwork that is ready to submit to Blue Cross and Blue Shield of Vermont (BCBSVT), you may mail or fax forms.

MAIL TO:
BCBSVT
PO Box 186, Montpelier, VT 05601
Attn: Sales and Retention

FAX TO:
Sales and Retention at 802-371-3490
You must follow up with a hard copy of the check!
BCBS is not able to process any new group paperwork without a check for the first month's premium.

If you have questions please call Sales and Retention at 1-800-255-4550 option 1, 1, 3. Or, if you would like to speak to someone at Affiliated Associates you may call them directly at 1-877-237-9094.