**EMPLOYER NEW GROUP CHECKLIST**

* **Employer Application** (*fillable version*)
* **Group Certification Document** (*fillable version*)
* **Copy of a company check** (*preferred*) or **ACH form** (*fillable version*) \*A copy of a voided check is required with the ACH form.
	+ Funds must be from a US Bank, in US Currency, and made payable to Blue Cross Blue Shield of Arizona (BCBSAZ) in the estimated amount of the group’s first month premium.
	+ Check issued to BCBSAZ does not bind coverage.
	+ **Please note**, **the ACH debit is a one-time payment only.**
* **Enrollment Census** (*preferred*) or Employee Application
	+ Must list all eligible employees and indicate plan that employee and dependents (if applicable) are enrolling. Please use the correct census, either ACA or Balance Funding.
	+ If waiving coverage, please include the appropriate waiver code A-I.
* **For COBRA use Enrollment Census** (*preferred*) or COBRA Application
* **Groups of 2-9 AHP eligible employees only** – A reconciled copy of the employer’s most recent **Quarterly Unemployment Tax and Wage Report (UC-018)** and payroll records for those employees not appearing on current Quarterly Tax and Wage Report. Please document each employee as fulltime (FT), part-time (PT), or terminated (T), including term date.
* **Groups of 2-9 AHP eligible employees only** - If applicable, **Sole Proprietor, Partner, L.L.C. Member, or Corporate Officer Statement Form** and the supporting documentation for each enrollee applying for coverage who does not appear on the Quarterly Tax and Wage Report.
* **Balance Funding Groups** submit the signed Payor Election Application (DOH-4399) and the Electronic Filing Application (DOH-4264).
* If applicable, **Common Ownership Form**
* **Copy of sold rates (from proposal) with sold plans clearly marked (from BCBSAZ or your own rating tool).**
* **Underwriting Questions for Employers Size 51+** *(fillable version)*

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