Small Group Benefit Modification Inquiry

All medical products except Basic PPO, Saver PPO and Advantage PPO offered by Blue Cross of California.
Basic PPO, Saver PPO, Advantage PPO, Life and AD&D products offered by BC Life & Health Insurance Company.

www.bluecrossca.com

This form may be used for preliminary review of existing groups (with medical coverage already) requesting to upgrade to the EmployeeElect Plus program. This form is not to be used for Risk Adjustment Factor (RAF) reviews, benefit downgrades or adding medical coverage to existing dental/life groups.

	UNDERWRITING UNIT: UW1	**FAX NO: 805-499-8623**		**UNDERWRITING UNIT: UW2**	**FAX NO: 805-499-0302**	
SUPERVISOR	Susan Davis			Eddie White		
REGIONAL SALES MANAGERS AND MARKETING SPECIALISTS	Lynda C. Anderson John Anthony Craig Barton Bob Brassard Dennis Brown Ivy Chang Kim Cyrul Carlos Fernandez	Susan Han Steve Hausman Gloria Janco Marilyn Jones Carl Kirnon Donna McKeehan Dave Messing Dan Michael	Sandy Millison Tausha Mitchum Steve Redmond Audrey Schmidt Steve Shearer Tonda Smith Shelly Snyder Cindy West	John Baskett Art Carls Luis Chibras Isabella Fong Fred Fourby Mike Framberger Art Gordillo	Ted Jenkins Liz Kocir Chris Paul Chris Peters Susan Reed Eileen Roark Deborah Schumann	Rick Silverman David Smith Todd Taylor Peter Vorrises
GENERAL AGENTS	BenefitMall.com CIMS Dascit	Dickerson New Enrollment North New Enrollment South	Triad Insurance Viba	Acordia of California Beere & Purves Cenco	LISI Price Associates Warner Pacific	

GROUP INFORMATION

(1099 employees are not eligible for coverage)

GROUP NAME		GROUP NO.	DATE INQUIRY SUBMITTED
NO. OF FULL-TIME EMPLOYEES	NO. OF PART-TIME EMPLOYEES	NO. OF PREGNANCIES IN GROUP Due dates: / / / /	
AGENT NAME	AGENT NO.	PHONE NO. ( )	FAX NO. ( )
GENERAL AGENT NAME	GENERAL AGENT NO.	PHONE NO. ( )	FAX NO. ( )

PLAN OPTION ☐ All plans* or ☐ Designate specific plan options *(Check as many as apply)*

☐ Basic PPO ☐ Saver PPO ☐ PPO $40 Copay ☐ PPO $30 Copay ☐ Advantage PPO $25 Copay ☐ Premier PPO $20 Copay ☐ Premier PPO $10 Copay ☐ High Deductible EPO (MSA Compatible) ☐ Saver HMO ☐ HMO 100%

** Basic PPO Plan is included in the "All Plans" option or can be selected in combination with one or more additional PPOs only to groups uninsured for 30 or more days.*

MEDICAL CONDITIONS

To your knowledge, has any employee or dependent had claims resulting in expenses in excess of $2,500 in the last six (6) months? ☐ Yes ☐ No
If yes, please complete the information below. Attach additional pages as needed.

EMPLOYEE / DEPENDENT DATA

Specific Diagnosis	Date of Onset	Medication(s)	Prognosis / Current Treatment
			PROGNOSIS
			CURRENT TREATMENT
			PROGNOSIS
			CURRENT TREATMENT
			PROGNOSIS
			CURRENT TREATMENT

GENERAL CONCERNS AND QUESTIONS

UNDERWRITING RESPONSE – *All documentation must be received 30 days prior to the requested effective date.*

POTENTIAL FOR:
☐ Approval ☐ Decline
OR:
☐ Need additional information *(See notes below)*

SUBMIT WITH:
☐ New employer application ☐ Change of Coverage – Application for those employees requesting to change *(Medical only)*
☐ Letter from group requesting change ☐ DE6

NOTES

NAME OF UNDERWRITER	UNIT NO.	PHONE NO. ( )	DATE

Preliminary decisions resulting from this inquiry are based solely upon the completeness and accuracy of the information provided. If you apply for this benefit modification, please be sure to include a copy of this inquiry and our response with any additional documentation that we may ask for. This response does not guarantee that the benefit modification will be approved. The final decision will be based upon the underwriter's review of all documentation submitted.

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