

Group Enrollment Checklist

It's as easy as 1-2-3...

1

Please complete all information in Section 1 prior to submitting group member applications.

2

Verify that your employees have completed all other sections of their application, especially the following fields:

- Name
- Address
- Date of birth
- Social Security number
- Marital status (If you provide domestic partner coverage, employee should have indicated this in "Other.")
- Primary Care Physician (PCP) if choosing BlueCHiP
- Health plan options
- Applicant signature and date

3

For existing business, please submit completed information to:

Blue Cross & Blue Shield of Rhode Island
Attn: Member Administration Services
500 Exchange Street
Providence, RI 02903-2699

For new business, please forward information to your BCBSRI representative or broker.



500 Exchange Street • Providence, RI 02903-2699

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