

Company name

### Checklist for Anthem/HMO Nevada New Group

- 1) **Employer Enrollment Application** – Please ensure all fields within the application are completed, signed and dated. Incomplete applications may be returned, which could delay the processing of your application.
- 2) **Include the Original quote/proposal** for all lines of coverage for which you are applying for the correct effective date.
- 3) **EFT Authorization Form** - is the preferred method of payment to streamline your submission. Please include the approved amount on the form. **If the group includes a check for the first month's premium**, please make check payable to Anthem Blue Cross and Blue Shield Nevada (address below). The check must be imprinted with the company name and address. Personal non-company checks cannot be accepted. Include a copy with the submission.
- 4) **Include a copy of your most recent Nevada Quarterly Wage Report** – Please justify the page with EE names and wages by indicating the employee status next to each employee's name, i.e., enrolling, waiving, FT, PT, T, seasonal, etc. *Please note that if the group has a new hire who is not reflected on the Quarterly Wage Report, then we require the most recent 2 week payroll.*  
If owner(s) do not take a salary they are required to submit business documentation to verify eligibility. Please review our underwriting guidelines for required documents. 1099 Contractors: please review our underwriting guidelines for required documents.
- 5) **Employee Enrollment Form(s)** for each eligible employee enrolling and/or **Employee Waiver(s)** for employees declining coverage. Anthem provided census enrollment/waiver excel sheet can be used in lieu of paper applications.

#### **Please submit your New Group to your local Sales Executive**

You can also submit your submission online, please visit your Producer  
Toolbox <https://brokerportal.anthem.com>

#### **Mail binder check to:**

Anthem Blue Cross and Blue Shield  
P.O. Box 51011  
Los Angeles, CA 90051-5311

#### **Cut-Off-Dates**

1st of the month effective date: application due by the  
last business day of the month

15th of the month effective date: application due by the  
12th of the month

**Incomplete applications will be sent back to you for completion. This may delay the implementation of your coverage.**