



# Group Enrollment and Coverage Agreement One Subscriber

Federal Tax ID Number

\_\_\_\_ - \_\_\_\_\_

New Business  GWC

Sponsored Plan Acronym \_\_\_\_\_

BCN Group ID \_\_\_\_\_

BCN Sub Group \_\_\_\_\_

BCN Class \_\_\_\_\_

Company Name  
\_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address  
\_\_\_\_\_

County  
\_\_\_\_\_

City  
\_\_\_\_\_

State  
\_\_\_\_

Zip Code  
\_\_\_\_\_ - \_\_\_\_\_

Billing Address-If other than Physical Address  
\_\_\_\_\_

Billing Phone Number  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City  
\_\_\_\_\_

State  
\_\_\_\_

Zip Code  
\_\_\_\_\_ - \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

Contact Person's Phone Number  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City  
\_\_\_\_\_

State  
\_\_\_\_

Zip Code  
\_\_\_\_\_ - \_\_\_\_\_

Are you currently in bankruptcy?  
 Yes  No

Sole Proprietor/Sole Shareholder: Does this business provide more than 50% of your taxable income, excluding investment income?  
 Yes  No

Effective Date  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Company Fax  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Nature Of Business  
\_\_\_\_\_

- A. Eligible Dependent coverage will be effective on date of event, e.g., spouse, newborn, if written notification is received within 30 days. If after 30 days, coverage will be effective at group's next annual reopening date.
- B. Newly hired full-time, or part-time employees who become full-time are to be effective on the 1st of the month following  
 30  60  90 calendar days of employment. (check one)
 

BCN Code \_\_\_\_\_
- C. Employees hired with an active BCBSM/BCN contract may transfer to this group without regard to above schedule (Item B, above).

The Group hereby agrees with all terms as stipulated in this Group Enrollment and Coverage Agreement - Once Subscriber (Pages 1-4), on the Enrollment Change of Status Form and in the specified Blue Care Network certificates(s) and rider(s).

Signature of Group Executive: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Underwriter: \_\_\_\_\_

Date: \_\_\_\_\_



# Group Enrollment and Coverage Agreement OSG - continued

Group Exec Initials

Previous BCBSM/BCN Coverage?  Yes  No

If Yes, was policy  Group  Individual

Previous Carrier	BCBSM/BCN Cancellation Date	If yes, Former Group Number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/>
Workers Comp Carrier		
<input type="text"/>		
Workers Comp Policy Number	Workers Comp Renewal Date	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
MA Code	Managing Agent Name	
<input type="text"/>	<input type="text"/>	
Agent First Name	Agent Last Name	Agent Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Administrative Contact Person - First Name	Last Name	Administrative Contact Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Chief Executive - First Name	Last Name	Chief Executive Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Billing Contact - First Name	Last Name	Billing Contact - Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Benefit Selection

<input type="checkbox"/> Option 1000:	BCN10, CO20, ER75, UR35, 1000D, 30%CR, 1500CM, IP10, RX 50%C (\$5 minimum/\$100 maximum) copay, MOPD2X
<input type="checkbox"/> Option 3000:	BCN10, CO30, ER150, UR50, 3000D, 30%CR, 1500CM, IP10, RX 50%C (\$5 minimum/\$100 maximum) copay, MOPD2X

<b>For Blue Care Network use only:</b>	Effective Date	Inventory Date	Sales Office Code	Mail Code	Control Code	SIC Code
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Rate Renewal Date		Territory Code			County Code
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>			<input type="text"/>





## PART A - TERMS AND CONDITIONS

Federal Tax ID Number

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Blue Care Network (BCN) will provide health care coverage to the Group subject to the terms of certificate and riders, BCN's administrative and underwriting requirements, and Group Administrative Guides. The Group will remit premiums for subscribers and members enrolled through the Group under this Agreement.

1. This Agreement will become effective on the date established by BCN, which will generally occur after BCN has returned a signed Agreement and the applicable premium payments are received. The term of this Agreement is for a twelve-month period beginning on the effective date. This Agreement is renewable for subsequent twelve-month periods provided the OSG continues to satisfy all applicable terms and conditions set forth in this agreement and in BCN's underwriting rules and certificates and riders. If at any time the individual fails to satisfy any of these terms or conditions, he or she will no longer be eligible to continue this coverage, but may be eligible for group conversion coverage if the terms and conditions of that coverage are satisfied. The Agreement will continue unless terminated as provided in this agreement.
2. For all purposes of this Agreement, including without limitation, the payment of premiums, the Group is agent for all enrolled subscribers and members of the OSG. Notice by or to the OSG will satisfy any notice requirements of this Agreement and of the BCN Group Member Certificates.
3. The OSG will offer the coverage described in this Agreement to all persons that are eligible under this Agreement.
4. At least once a year, BCN will have reasonable access to eligible subscribers and members of the OSG for purposes of open enrollment. Persons joining the OSG between periodic open enrollment periods may enroll in BCN coverage at the time they meet eligibility requirements.
5. Coverage available to eligible subscribers and members enrolled through the OSG is fully described in the Group Member Certificate and Riders listed on the attached Benefit and Rate Letter(s). The applicable Certificate and Riders and any addenda should be referenced for definitive statements of coverage.
6. The individual must satisfy all of the terms and conditions, identified on the front of this form, to obtain this coverage and must satisfy all of these requirements at the time of each renewal in order to renew this coverage. If at any time the individual fails to satisfy any of these terms or conditions, he or she will no longer be eligible to continue this coverage, but may be eligible for group conversion coverage if the terms and conditions of that coverage are satisfied. Members must meet eligibility requirements of BCN's underwriting rules, certificates and riders.
7. Michigan law (PA26 of 1992) requires the OSG to notify any BCN subscriber whose OSG coverage is cancelled of the right to convert to non-group BCN coverage. This notice must be provided within fourteen (14) days of the cancellation of OSG BCN coverage. BCN will provide this non-group option for 30 days from the date of the subscriber's termination.
8. The Group will provide timely and accurate eligibility information, including Medicare status, and identify all persons subject to the Medicare Secondary Payer statutes and regulations.
9. The OSG warrants that; all enrolled subscribers and dependents meet the eligibility requirements; that the eligibility information it provides will be timely and accurate; and that it will not enroll any ineligible persons.
10. The Group understands that BCN will rely upon the accuracy of all eligibility information it provides. For this reason, if the OSG or its representative provides inaccurate information or enrolls an ineligible person(s), the OSG will indemnify and hold BCN harmless against any health care expenditure(s) made on behalf of such person(s). The indemnification will also cover any other loss, claim or actions, including costs, penalties and reasonable attorney fees, relating to any ineligible person(s).
11. BCN is required to keep subscriber and member health care records and related information confidential. BCN will not disclose such information to the OSG or its agents without the prior written consent of the subscriber/member. Exceptions to this limitation on release are: as required for BCN administration of the Certificate/riders; when release is required by law; for use of non identifying data for statistical studies; or in bona fide medical research or education.
12. BCN is required under federal and state law to maintain the confidentiality of subscriber and member health care records and related information. BCN will use and disclose such information only as permitted under such laws and BCN policies.
13. This agreement is entered into in the state of Michigan and shall be construed according to the laws of Michigan
14. The OSG agrees that refunds, retroactive credits or payments, or retroactive additions or deletions of subscribers or members of the OSG are not a term or condition of this Agreement.
15. Waiver of any breach of this Agreement by a party shall not constitute a waiver of any subsequent breach of this Agreement, nor will the invalidity or unenforceability of any provision affect the remaining provisions.
16. Notwithstanding anything contained in this Agreement, BCN will have no obligation to the OSG for any coverage not specified in the applicable Certificate and Riders, nor for any coverage which the OSG, in whole or in part, contracts with other carriers to provide on behalf of the OSG. The OSG agrees to indemnify and hold BCN harmless against any loss, claims, actions, and damages, including costs and reasonable attorneys' fees, which may arise from any coverage not so provided.
17. The OSG will remit monthly premiums for its subscribers and members at the rates indicated on the then current Benefit and Rate Letter. BCN may change benefits and rates stated in the Benefit and Rate Letter by mailing a modified Letter to the OSG. All changes will be effective on the stated date and for the stated time period and will relate to the Certificate and riders indicated on the same Letter. The OSG will, annually, provide BCN with information as required for underwriting review and permit a payroll audit by BCN or its representatives.
18. This Agreement includes the terms of the Group Member Certificate and Riders, including any amendments and addenda, the manual provided by BCN to the Group, BCN's administrative and underwriting requirements, and the terms of this Agreement. This Agreement is the entire agreement between the parties and supersedes any prior oral or written agreements between the parties regarding the same subject matter.
19. This Agreement may be amended at any time by a writing signed by both parties and terminated by BCN or the OSG with thirty (30) days prior written notice to the other party.
20. This Agreement is between the OSG and BCN, an independent corporation licensed by the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield Plans, to use the Blue Cross and Blue Shield names and service marks in Michigan. However, BCN is not an agent of BCBSA and, by entering into this Agreement, the OSG agrees that it made this Agreement based solely on its relationship with BCN or its agents. The OSG further agrees that BCBSA is not a party to, nor has any obligations under this Agreement, and that no obligations are created or implied by this language.
21. Exhibit 1 attached to this Agreement describes the BlueCard program available through BCBSA. If BCBSA revises the disclosure in Exhibit 1, BCN will give the OSG notice with a new Exhibit 1, which will automatically become part of this Agreement sixty (60) days after notice has been given.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Federal Tax Id

Form for Federal Tax Id with a hyphen and two rows of boxes for digits.

GROUP REIMBURSEMENT POLICY ACKNOWLEDGEMENT

Group Name \_\_\_\_\_

By signing this document, Group agrees that deductibles, coinsurance, and copayments under

- List of insurance plans: Simply Blue, Simply Blue HSA, Healthy Blue Outcomes, BlueCore Plus, Community Blue Plan 19, Community Blue Plan 20, All BCN plans, BCBSM prescription drug coverage, Any BCN prescription drug coverage.

\* applies to groups under 100 only

will not be reimbursed by any third party administrator, any employer- funded reimbursement arrangement or any fully-insured plan (whether employer or employee funded). Rules for Flexible Spending Accounts (FSAs): Employee-funded FSAs are allowed for all plans. Employer FSA contributions of up to \$250 per contract are allowed, with the following exceptions: BCBSM's Healthy Blue Outcomes and BCN's Healthy Blue Living and Healthy Blue Living Rewards.

Group understands that failure to adhere to this agreement could result in Blue Cross Blue Shield of Michigan or Blue Care Network taking either of the following actions: (1) refuse to renew the group's coverage; or (2) terminate the group's coverage. BCN may adjust the premiums for the coverage.

Group Decision Maker signature \_\_\_\_\_ Date \_\_\_\_\_

Group Decision Maker Name (Print) \_\_\_\_\_

BCBSM Group number/suffixes; BCN Group number/subgroups/classes \_\_\_\_\_

As agent of this group, in addition to the statement above, I also certify that I am not offering and will not offer or facilitate any of the above described reimbursement arrangements for this customer when the customer has purchased one of the above plans . I understand that failure to adhere to this certification can result in termination of the agent's contract with BCBSM/BCN; nonpayment of commissions; or other penalties identified by BCBSM/BCN.

Agent signature \_\_\_\_\_ Date \_\_\_\_\_

Agent name (Print) \_\_\_\_\_