



# List Bill Agreement Consumer Markets

Name of Company/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Correspondent \_\_\_\_\_

Telephone No. \_\_\_\_\_

Nature of Business \_\_\_\_\_

**You, The Company/Firm, Agree:**

1. To distribute an announcement that provides a brief description of the important features of the insurance.
2. To payroll deduct or otherwise collect the premiums required for coverage under this plan for applicants.
3. To pay BCBSOK all premiums which become due and payable for the purpose of providing and maintaining the insurance with the understanding that any payment in default may cause the termination of this agreement and suspension of all benefits.
4. To promptly furnish BCBSOK with records or other information required as needed to insure proper administration of the insurance. You further agree to allow BCBSOK or their agent to inspect all records that pertain to the insurance coverage.
5. You are not paying any part of the premium, either directly or through reimbursement.

**Blue Cross and Blue Shield of Oklahoma (herein referred to as "BCBSOK") Agrees:**

1. To issue individual contracts and/or policies to eligible Applicants from whom we have received and accepted an application and premium. If applicable, eligible dependents may also be insured.
2. Applications received and accepted will become effective on either the 1st or the 15th of the month.
3. You have the option of billing on the 1st or 15th of each month.

It is mutually agreed that this Agreement shall remain in force until cancelled by you or by us. At least 60 days' notice to the other is required.

Signed for the Company/Firm by: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**To Be Completed by Agent**

(Please Print)

I understand that premiums will be billed to the above named Company/Firm for all applicants listed on this form who are accepted for coverage. The Company/Firm is not paying any part of the premium, either directly or through reimbursement, and since the Company/Firm does not sponsor an employee health plan, the Company/Firm is not deducting any part of the premiums for gross income under Section 106 or Section 162 of the Internal Revenue Code.

Agent or Agency name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Business Telephone \_\_\_\_\_

Agent ID number \_\_\_\_\_

Agent's signature \_\_\_\_\_ Date \_\_\_\_\_

- NOTE:
- The agent or agency name above must exactly match the name on the appointment application.
  - Agent must be appointed to do business with Blue Cross and Blue Shield of Oklahoma.

## Enrollment Form for List Bill

	Social Security Number	Full Name of Applicant	Health Premium	Home Office Use
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Monthly Premium Due

\$

### Home Office Use

Company/Firm name: \_\_\_\_\_

BCF number: \_\_\_\_\_ Effective date: \_\_\_\_\_

Region: \_\_\_\_\_ District/Territory: \_\_\_\_\_

BCBSOK representative number: \_\_\_\_\_

Agent number: \_\_\_\_\_



**BlueCross BlueShield of Oklahoma**

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# Establishing a New List Bill

As a convenience to subscribers, Blue Cross and Blue Shield of Oklahoma offers employers the option of premium collection and remittance for their employees. A monthly billing statement containing information on each participating employee will be mailed to the employer. Two copies are included – one to include with a remittance check and one for the employer’s files.

If any of the following arrangements are in effect, a List Bill **cannot** be offered.

- ▶ The health plan is a Health Check, Blue Pathway or Blue Transitions<sup>SM</sup> plan.
- ▶ The employer directly contributes toward the employee’s insurance premium.
- ▶ A deduction is made from the employee’s gross income for purposes of reimbursement.
- ▶ The employee’s salary is adjusted to offset the insurance premium expense.
- ▶ The employer treats the plan as a trade or business expense or the employer provides coverage under Section 106 or Section 162 of the IRS code.
- ▶ The individual health plan includes a “franchise insurance policy” (*a number of individual policies are issued to a selected group at a special rate*).
- ▶ Contributions are made in any other form, either directly or indirectly.

In order to establish a list bill, the following is required:

1. A minimum of two or more employees must participate.
2. A completed and signed List Bill Agreement (*form number 72090.0611*) must be submitted with the enrollment applications.
3. The method of payment on the application must indicate “List Bill” and the name of employer must be completed.

When the coverage is approved and the policy is established, list billing will be developed. As a reminder:

- ▶ Premiums should NOT be submitted for an applicant who is not listed on the statement.
- ▶ As policies are established and premiums required, the billing statement will reflect any retroactive premiums due.
- ▶ Payments should be remitted on or before the premium due date to ensure continuous coverage and to avoid delays in posting to all list bill members.

**PO Box 3236 • Naperville, IL 60566-7236**

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# List Bill Maintenance

Routine changes required to maintain list bills may be completed either by calling Customer Service at (866) 520-2507 or by noting the change on the billing statement used for remittance. These changes include:

- ▶ Payer address changes or attention line
- ▶ Removing an employee from a list bill (*Note: removal does not constitute policy cancellation*)
- ▶ Adjustments to premium billed as a result of a policy change

Policy changes should be initialed by the member and typically require authorization or forms to be completed by the member. Please refer to the Underwriting Guide for requirements of the type of change needed.

To ensure accurate and timely posting of premiums:

- ▶ Premium adjustments should be made upon receipt of change completion from the company.
- ▶ Premium adjustments may be noted on the remittance, clearly indicating the member for whom the adjustment is being made.
- ▶ For contact purposes, please ensure the company check indicates a current telephone number.
- ▶ The check's total amount should equal the premium due and include any adjustments.
- ▶ Print the list bill number clearly on the check.

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