



St. Louis Benefits Group New Group Checklist

Blue Cross of Missouri

Needed by: _____

_____ Group Application and Summary

_____ Life Application for Group

_____ Member Application for each employee

If employee is waiving coverage, the Member App is still required
2-5 ee – 75% of eligible employees. Existing coverage waivers not included
6-99 ee – 75% of eligible employees. Existing coverage waivers included

_____ Most recent copy of Quarterly Missouri State Wage and Tax Report
Indicate the employees status– Full Time, Part Time, or terminated
(note month of termination). Sign bottom of page.
If no State Wage and Tax Report available. Need State Article
of Organization document and 1 month of payroll.

_____ Signed Rate Page of selected Health Plan Design

_____ First month's premium deposit check for health and life coverage
Payable to Blue Cross of Missouri (One check for both is fine)

Any questions call:

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