



BlueCross BlueShield of Texas

Establishing a New List Bill

As a convenience to subscribers, Blue Cross and Blue Shield of Texas 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 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.

Note: The application fee (\$30) may be remitted at the employer's expense on behalf of the applicant.

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 4761.000*) must be submitted with the enrollment applications.
3. The method of payment on the application must indicate "List Bill" and the employer information 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 ▪ www.bcbstx.com

*A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association*



BlueCross BlueShield of Texas

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 BCBSTX 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 BCBSTX with records or other information required as needed to insure proper administration of the insurance.
5. You are not paying any part of the premium, either directly or through reimbursement.

Blue Cross and Blue Shield of Texas (herein referred to as "BCBSTX") Agrees:

- 1. To issue individual contracts and/or policies to eligible Applicants from whom we have received and accepted an application and premium.
2. Applications received and accepted will become effective on the next business day following Underwriting approval with the exception of the 29th, 30th, and 31st.
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(s) (Please Print)

I understand that premiums will be billed to the above named Company/Firm for all applicants listed on this form and 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

Are you currently appointed with Blue Cross and Blue Shield of Texas? Yes No

Agent ID number

Agent's signature Date

Agent or Agency name Street City ZIP Business Telephone

Are you currently appointed with Blue Cross and Blue Shield of Texas? Yes No

Agent ID number

Agent's signature Date

NOTE: The agent or agency name(s) above must exactly match the names(s) on the appointment applications(s). If commissions are to be split, please provide the information requested above on both agents. BOTH agents must be appointed to do business with Blue Cross and Blue Shield of Texas.

Enrollment Form for List Bill

| | Social Security Number | Full Name of Applicant | Health Premium | Application Fee | Total Premium including Application Fee | Home Office Use |
|----|------------------------|------------------------|----------------|-----------------|---|-----------------|
| 1 | | | | \$30 | | |
| 2 | | | | \$30 | | |
| 3 | | | | \$30 | | |
| 4 | | | | \$30 | | |
| 5 | | | | \$30 | | |
| 6 | | | | \$30 | | |
| 7 | | | | \$30 | | |
| 8 | | | | \$30 | | |
| 9 | | | | \$30 | | |
| 10 | | | | \$30 | | |
| 11 | | | | \$30 | | |
| 12 | | | | \$30 | | |
| 13 | | | | \$30 | | |
| 14 | | | | \$30 | | |
| 15 | | | | \$30 | | |
| 16 | | | | \$30 | | |
| 17 | | | | \$30 | | |
| 18 | | | | \$30 | | |
| 18 | | | | \$30 | | |
| 20 | | | | \$30 | | |

Total Monthly Premium Due

\$

Total Application Fee (Number of applications x \$30)

\$

Total Submitted

\$

Home Office Use

Company/Firm name: _____

BCF number: _____ Effective date: _____

Region: _____ District/Territory: _____

BCBCTX representative number: _____

Agent number: _____



BlueCross BlueShield of Texas

List Bill Maintenance

Routine changes required to maintain list bills may be completed either by calling Customer Service at (888) 697-0683 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 initiated by the member and typically require authorization or forms to be completed by the member. Please refer to the Producer 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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