



### LIST BILL TRANSMITTAL

Check One...

- Establishing a New List Bill Account ➡ Effective Date Request: \_\_\_\_\_  
(NOTE: may only be the 1st or 15th)
- Adding Employee(s) to Existing List Bill ➡ Payor Number: \_\_\_\_\_

*I. Name of Company Responsible for Remitting Payroll Deducted Premiums:*

\_\_\_\_\_

*II. Address of Company:*

\_\_\_\_\_  
\_\_\_\_\_

*III. Name of Company Individual Responsible for Billing:* \_\_\_\_\_

*IV. Information for Employees Who Are Requesting Payroll Deduction:*

<i>Name</i>	<i>SSN</i>
1. _____	_____ - ____ - ____
2. _____	_____ - ____ - ____
3. _____	_____ - ____ - ____
4. _____	_____ - ____ - ____
5. _____	_____ - ____ - ____
6. _____	_____ - ____ - ____
7. _____	_____ - ____ - ____
8. _____	_____ - ____ - ____
9. _____	_____ - ____ - ____
10. _____	_____ - ____ - ____
11. _____	_____ - ____ - ____
12. _____	_____ - ____ - ____
13. _____	_____ - ____ - ____
14. _____	_____ - ____ - ____
15. _____	_____ - ____ - ____

(If you need additional space, please attach a second transmittal.)

*V. Total Premium Being Remitted With Transmittal:*            \$ \_\_\_\_\_

(NOTE: All checks must be made payable to “Blue Cross and Blue Shield of Illinois” and no employer checks will be accepted for any employee’s initial premium.)