



Thank you for your interest in Blue Cross and Blue Shield of Illinois Group Health Plans. Please complete the attached form and return it according to the instructions. Listed below are some helpful hints about completing the form.

To learn more about Blue Cross and Blue Shield's Provider Networks, information about plan designs or Blue Cross and Blue Shield of Illinois as an organization, visit our Web site at www.bcbsil.com.

HELPFUL HINTS FOR COMPLETING THE e-Request for Proposal

- You must provide your business name, mailing address, business and fax phone numbers, contact person and e-mail address (if applicable) to receive a quote.
- If you do not know your **SIC code**, please provide a brief description of your business (for example, retail clothing store, manufacturer of fasteners, heating & cooling contractor, etc.).
- **Total # of Employees** refers to all employees on the company's payroll working 30 hours or more per week. All such employees must be included on the form unless they waive coverage because they are covered under their spouse's group health plan.
- **Requested Effective Date** must be the 1st day of a future month. If you wish to have coverage begin the 1st day of the upcoming month, we must complete the entire enrollment process before the 15th day of the current month.
- In the **Date of Birth** column, provide the employee's date of birth by month, day and four-digit year (for example, **10/29/1961**).
- Under **Coverage Type**, the "**Single + 1 dependent**" category should be used when an employee wishes to cover themselves and either their spouse or one dependent child. If the employee wishes to cover additional dependents, the **Family** category should be used.
- You do not have to give the employee's full name on the form. You can identify them by number or initials.

If you have questions about completing the e-Request for Proposal, **please call 1-800-203-0585**.

Use of this form and attached pages does not imply a contract or an offer to contract. Accurate completion of this form will result in a proposal for group insurance. The proposal will be based on the demographic information provided by you. If a proposal is subsequently accepted, the billed premium may vary based on the health characteristics of participating employees and their dependents, changes in demographics, as well as an overall risk assessment of the group.

e-Request for Proposal, Employer Groups of 2 – 50



Please **complete** the information below, **SAVE** this file and **e-mail** it to pamela_rhodes@bcbsil.com or FAX it to (815) 639-1715. If you have questions or need assistance, call **1-800-203-0585**.

Business Name:	
Street, City, State, Zip (must be domiciled in Illinois)	
Business Phone:	
Fax:	
E-Mail Address:	
Contact Person:	
SIC Code or Description of Business:	
Requested Effective Date:	
Total # of Employees:	

Comment: Must be a first-of-the-month date

Comment: Include all employees working an average of 30 or more hours per week

Employee Name	Date of Birth (mm/dd/yyyy)	Gender (M or F)	State that Employee Resides In	Coverage Type* 1 = Employee 2 = Employee + Spouse 3 = Employee + Child(ren) 4 = Family
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Employee Name	Date of Birth (mm/dd/yyyy)	Gender (M or F)	State that Employee Resides In	Coverage Type* 1 = Employee 2 = Employee + Spouse 3 = Employee + Child(ren) 4 = Family
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