



BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

RENEWAL CERTIFICATION

To help expedite the renewal process and ensure continued coverage, please complete this form in its entirety and return it with the **required supporting documentation listed in section III**. Supporting documentation submitted with this form is considered confidential and proprietary.

Section I – General Information

Company Name: _____

Company Federal Tax Identification Number(s): _____

Street Address of Primary Business Location: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Extension: _____ Fax: _____ Email: _____

Name of Contact Person: _____

BCBSRI Group Number(s) _____ Renewal Date: _____

(Found on your monthly bill)

If the above should be considered a change of address, please have the Group Administrator sign below. (By signing below you are authorizing BCBSRI to update the physical address of the business. If your billing address is different from the physical address provided here, the billing address will not be updated with this information. The physical address cannot be outside of RI or a P.O. Box.)

Signature of Group Administrator (only required for address changes)

Section II – Employer Information (If more space is needed please attach a separate sheet of paper.)

A. Does this business have offices/locations at other addresses or in states other than your primary location listed above? Yes _____ No _____ If yes, please provide the location(s):

City/State

City/State

City/State

B. Does this group own any other business; is this group jointly or cooperatively managed or operated with another business; or is this group fully/partially owned by any other business? Yes _____ No _____ If yes, please provide supporting documentation, as described on the next page, for the employees and owners of the related businesses and the following:

Name of Business Name(s) of Owner(s) Percentage of Ownership (for each owner)

Before mailing this form, please ensure that you have included the documentation requested in Section III.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of Blue Cross and Blue Shield Association.



Section III – Supporting documentation

Your certification cannot be completed if you do not submit the following supporting documentation with the renewal certification form. If you have any questions on the required documentation, please contact your broker or visit www.bcbsri.com for examples of acceptable documents. For the purpose of verifying group size, we must determine the total number of employees, including part-time and seasonal employees. (The definition of an “employee” can be found in the Appendix below.)

Wage Information may be blacked out for confidentiality purposes.

Listed below are acceptable forms of supporting documentation. Please provide a copy of all forms that apply to your specific business and that account for all employees and owners.

1. Rhode Island Quarterly Tax and Wage Report (TX-17), or equivalent for each state in which you have employees. The Tax and Wage reports should include the number of hours and weeks worked for each employee. If the Tax and Wage report does not show hours and weeks worked for each employee, you may submit at least the three most recent months of payroll reports showing hours and weeks worked for each employee.
2. Most recent Schedule C, Schedule K1, or 1120S Schedule K for all owners of each business.
3. A W-4 form for any new hire not appearing on the tax documentation (you must indicate their hire date on the form).

Appendix

1. Employee

The definition of an “employee” is any individual employed by an employer. This includes part-time employees (those working fewer than 30 hours per week) and seasonal employees, regardless of the number of hours worked. The term “employee” does not include a self-employed individual, a sole proprietor, a partner in a partnership (unless bona fide), or an independent contractor.

The number of “total employees” will be calculated by adding all part-time employees’ monthly service hours and dividing by 120, resulting in a number of “full-time equivalents” to be added to the full-time employee count. The total number of full-time employees and full-time equivalents is the number of “total employees” you have, and will determine whether your group is a small employer.

2. Small Employer

“Small Employer” means an employer who employed an average of at least 1.0 and fewer than 51.0 total employees on business days during the preceding calendar year and who employs at least 1.0 total employees on the first day of the plan year. Sole proprietorships, defined as businesses that consist only of an owner, owners, an owner and his/her spouse, or owners and their spouses, and employ fewer than 1.0 total employees are not considered small employers and are not eligible to purchase coverage in the small group market. In determining the number of total employees, all entities treated as a single employer under the IRS controlled group rules (Internal Revenue Code §§ 414(b), (c), (m), or (o)) shall be considered a single employer for purpose of market size.