

Bluegrass Family Health

Kentucky and Indiana

To Quote a Group with 2–50 Enrolled Employees*

- Quote Request Form**
Please complete the company and broker information. If you would like to request a particular type of plan, please indicate that plan number or plan design in the space provided (or send a copy of the group's current benefits).
- Group Health Questionnaire**
This must be completed, signed and dated by an authorized representative of the company.
- Small Group Enrollment Form/Underwriting Form**
Each eligible employee interested in coverage must complete this form or a similar form from another carrier (additional information may be requested). Applications must be completed no earlier than 90 days prior to effective date.
- Waiver**
Each eligible employee not electing coverage must complete this form, including information on their current coverage.
- UI-3 (Most Recent Quarterly Wage & Tax)**
Please indicate the status of each employee (full-time, part-time, seasonal, terminated, etc.) listing all new employees with hire date. If your company does not have a Quarterly Wage & Tax, please contact your Account Executive for alternate acceptable tax documentation.

**If any of the above information is missing, Pre-Final rates may be released. Final rates will only be issued provided all items are submitted and approved by Underwriting.*

To Enroll a Group with 2-50 Enrolled Employees

- Group Contract Application**
The completed form, including company and broker information, must be signed and dated by an authorized representative of the company and by the broker.
- Small Group Enrollment Form**
This form must be completed by each employee enrolling in coverage.
- Signed Rate Sheet**
This must be signed and dated by an authorized representative of the company indicating the chosen plan. *Brokers are not considered representatives of the company.*
Please be sure that you are using the Final Rate Sheet to ensure that the benefits and rates are correct.
- Check for the First Month's Premium**
Please make the check payable to Bluegrass Family Health. For convenience of the group, we offer automatic draft for future premiums.

Forms are conveniently located online at www.bqfh.com under the Brokers tab. If you have any question, please feel free to call your Account Executive at 859-269-4475 or 1-800-787-2680.