

# Bluegrass Family Health

## Tennessee

### To Quote a Group with 2 – 25 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.
- 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.
- 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 Eligible 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.
- Election/Change 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](http://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.**