

BLUE CROSS/BLUE SHIELD OF RHODE ISLAND

Group Enrollment Checklist

Group Name:

- Sales Agreement
- Employee Applications
- Waiver of Coverage Forms (If applicable)
- Check For 1st Month Premium – Payable to ***Blue Cross/Blue Shield of R.I.***
- Copy of Most Recent Payroll (Quarterly Wage & Tax Report)
- ❖ Important – Please be sure all forms are completed in full. Missing information may delay enrollment.