



Blue Cross
Blue Shield
Blue Care Network
of Michigan
Independent licensees of the Blue Cross
and Blue Shield Association

CENSUS FORM FOR QUOTING PURPOSES

(This form identifies the census data elements required for obtaining a quote from any of the Quoting systems). Data from this form entered into the quoting system will automatically populate fields on the Group Underwriting Roster with the quote.

MULTIPLE CENSUS MAY BE REQUIRED:

- BCBSM requires census by *rating area*

- BCBSM requires census by *location/segment*

Check applicable coverage:

BCBSM BCN

Group Name (Full Legal Name) _____

BCBSM Group No./Suffix(s) (if applicable) _____

BCN Group ID /Subgroup ID/Class ID (if currently enrolled) _____

Group Address (Physical Location) _____

Proposed Effective Date: _____

Rate Renewal Date (if currently enrolled): _____

SIC Code and/or Type of Business: _____

1	2	3	4	5	6	7
List All Employees Currently On Your Payroll	Date of Birth (MMDDYYYY)	Gender: Male/Female	# of Regular Members	# of Medicare Eligible	# of Medicare Primary	# of FC Members
EXAMPLE: Christopher Smyth	08/24/1967	M	3			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Eligible Employee Definition: Full-time employees with a normal workweek of 30 or more hours. As a part of the total number of eligible employees, you may choose to include those working 17.5 to 30 hours as long as the eligibility criterion is applied uniformly without regard to health status-related factors.

Number of eligible employees in Michigan: _____

Number of eligible employees outside of Michigan: _____

Total number of eligible employees: _____

# of Total Members	Enter total # of members that will have regular BCBSM/BCN coverage.
# of Medicare Eligible	Enter total number of members that are Medicare eligible but have BCBSM or BCN as their primary coverage.
# of Medicare Primary	Enter total number of members that are Medicare eligible and have Medicare as their primary coverage.
# of FC Members	Enter total number of members that are between the ages of 19 & 25.

Instructions for completing Columns 4, 5, 6 & 7

Name of person completing this form: _____

Telephone number: _____

Date: _____

Name of rep/agent: _____