AAAS employee benefit fund New Division Request

BlueCross BlueShield of Alabama

Company Name _____ Date _____

Physical Address

_____

_____

Billing Address *(if different from physical)*

_____

_____

Key Contact for Insurance/Billing _____

Email _____ Phone _____ Ext. _____

Are you aware of any health conditions that have contributed to your current health insurance rates?
(such as cancer, heart disease, diabetes, surgeries, back disorders, pregnancies, etc.)

_____

_____

Name of current Health Carrier _____ Number of years _____

Name of current Work Comp Carrier _____ Number of years _____

Effective date requested _____

Number of full-time employees (employees working a minimum of 30 hours per week) _____

Select only one HEALTH plan and DENTAL plan:			
HEALTH PLAN	❍ Competitor Group # 97720	❍ Value Group # 58920	❍ Economy Group # 97782
DENTAL PLAN	❍ Dental Group # 77220		

PARTICIPATION REQUIREMENTS	HEALTH	DENTAL
Eligible Employees #		
Applicants #		
Participation %		

As a member of AAASEBF, your company is required to maintain a minimum of 75% participation of eligible employees enrolled in the health & dental programs. For companies with 5 or fewer eligible employees, 100% participation is required.

AAAS reserves the right to request claims experience.