



Blue Cross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

REASON CODES	
M	Medicare
Mil	Military (Tri-Care)
GS	Other Group Coverage as Subscriber
GD	Other Group Coverage as Dependent or Spouse
R	Retirement
S	Student
T	Tribal
V	Veterans Admin (VA)
I	Other Individual Coverage
N	No Other Group Coverage

EMPLOYER GROUP LISTING

COMPANY NAME: _____

	Employees Eligible for Group Coverage (An employee who works on a full-time basis with a normal workweek of between 20 and 40 hours as determined by the group.) (Last, First, MI)	Employee Work Hours	Probationary Period Requirement Fulfilled?		New Employees – Waiving Probationary Period		Employee Enrolling/Waiving Coverage		If Waiving Coverage State Reason Using Reason Code Above
			Y	N	Y	N	Enrolling	Waiving	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

Total number of employees/owners (part-time, full-time: including affiliates): _____

Total number of part-time employees/owners: _____

Employer Signature: _____

Date: _____

DEFINITIONS

Total Employees: Total number of active employees currently on the payroll within a group. This total helps to determine if a group is COBRA eligible and if Medicare is primary or secondary for employees/spouses 65 and over, or under 65 and on Medicare disability.

This total includes:

- All part-time and full-time employees and those that have WAIVED coverage.
- New hires expected to complete their probationary period on or before the effective/renewal date.
- Include affiliates, common ownerships and subsidiaries: **Ask the question: do any owners of this firm have 80% or greater interest in another firm or does another firm have 80% or greater interest in this firm? If yes, they are affiliated (even if they have different tax id numbers) and all employees must be counted.**

This total DOES NOT include:

- Retirees & COBRA subscribers within the group.

Total Eligible Employees: Total number of employees eligible for group coverage.

This total includes:

- All employees who meet (or have met) the groups work hour requirements, including those that have waived coverage.
- New hires expected to complete the groups' probationary period requirement on or before the effective/renewal date.

This total DOES NOT include:

- Retirees & COBRA subscribers within the group.

The entire group must meet the “participation Standards”.