

# SMALL GROUP WORKSHEET

Small Group Underwriting Fax # 406-444-8475

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<b>Rep Information</b>	<b>Representative Name</b> _____		<b>Representative Number</b> _____		
	<b>Telephone Number</b> _____		<b>E-Mail Address</b> _____		
	<b>Fax Number</b> _____				
	<b>Requested Effective Date:</b> (Subject to BCBSMT Approval) _____		<b>BELOW:</b> Indicate either/both Community and/or which Association and the plan types to be quoted. ↓		
<b>Group Information</b>	<b>Preferred Association Eligible?</b> ___ Yes ___ No (Preferred = industry specific)		<b>Plan Preference</b> (Indicate the plan type(s) for which you would like to receive a quote)		
	If <u>Yes</u> , which Association? _____		<input type="checkbox"/> _____		
	Is a Preferred Association quote requested? ___ Yes ___ No		<input type="checkbox"/> _____		
	_____		<input type="checkbox"/> _____		
	<b>Group Tax ID Number</b> _____				
	<b>Group Legal Name</b> _____				
	<b>DBA</b> (If Applicable) _____				
	<b>Address</b> (Physical) _____			<b>City, State, ZIP Code</b> _____	
	<b>Group Leader</b> _____		<b>Title</b> _____	<b>Telephone Number</b> _____	
	<b>Additional Authorized signers:</b>				
	E – Mail Address (Group Leader) _____			Firm’s Web Address (if applicable) _____	
	<b>Is your firm a subsidiary of another entity or does your firm have any subsidiaries (common ownerships/affiliate: 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 affiliate.)?</b>				
Yes No If yes, list the name(s), location(s), and relationship.					
	<b>Name</b>		<b>Location</b> (Physical Location)	<b>Relationship</b>	
1.	_____		_____	_____	
2.	_____		_____	_____	
<b>Organizational Structure</b> (Please indicate how your business is organized)				<b>Type of Business</b>	
Sole Proprietorship		Incorporated			
Partnership		Other (Specify) _____			
<b>If incorporated or a partnership, please list the name(s) and title(s) of all officers or partners. If they are not eligible employees, what is their status (silent owners, part time employees, board members, ...)</b>					
	<b>Name of Officer or Partner:</b>		<b>Status</b>	<b>Title</b>	
1.	_____		_____	_____	
2.	_____		_____	_____	
3.	_____		_____	_____	

