

Blue Cross Blue Shield of Georgia (BCBSGA)/
Blue Cross Blue Shield Healthcare Plan of Georgia (BCBSHP)

Employee Eligibility Status Verification Form

TO BE USED IN PLACE OF A TAX FORM FOR GROUPS THAT HAVE BEEN IN BUSINESS FOR LESS THAN 6 MONTHS, HAVE A BUSINESS LICENSE, AND DO NOT HAVE WAGE AND TAX STATEMENTS.

I, _____, confirm that for _____, the people
(owner, partner, officer) (company name)

are full-time employees who are eligible for the BCBSGA/BCBSHP proposed benefit plan. I also agree that BCBSGA/BCBSHP may audit this information at their request and expense. To the extent that any of this information is fraudulent or represents a misstatement of fact by either _____, one of its representative, or a person(s) listed below, then
(company name)

BCBSGA/BCBSHP may terminate coverage on a unilateral basis. Termination may occur on a retroactive basis to go as far back as the original date of coverage for _____.
(company name)

Signature _____
(Owner, partner, officer)

As the requesting agent, I hereby certify that this information is correct to the best of my knowledge and agree that if any termination occurs that commission compensation for _____ may be rescinded by BCBSGA/BCBSHP. In such
(company name)

case, I agree to repay commission to BCBSGA/BCBSHP immediately upon demand.

Broker signature _____

Employee Name	SSN	Hire Date	Eligible		Enrolled		Prior Coverage	
			Y	N	Y	N	Y	N
1. _____	_____	_____	Y	N	Y	N	Y	N
2. _____	_____	_____	Y	N	Y	N	Y	N
3. _____	_____	_____	Y	N	Y	N	Y	N
4. _____	_____	_____	Y	N	Y	N	Y	N
5. _____	_____	_____	Y	N	Y	N	Y	N
6. _____	_____	_____	Y	N	Y	N	Y	N
7. _____	_____	_____	Y	N	Y	N	Y	N

8.	_____	_____	_____	Y	N	Y	N	Y	N
9.	_____	_____	_____	Y	N	Y	N	Y	N
10.	_____	_____	_____	Y	N	Y	N	Y	N
11.	_____	_____	_____	Y	N	Y	N	Y	N
12.	_____	_____	_____	Y	N	Y	N	Y	N
13.	_____	_____	_____	Y	N	Y	N	Y	N
14.	_____	_____	_____	Y	N	Y	N	Y	N
15.	_____	_____	_____	Y	N	Y	N	Y	N
16.	_____	_____	_____	Y	N	Y	N	Y	N
17.	_____	_____	_____	Y	N	Y	N	Y	N
18.	_____	_____	_____	Y	N	Y	N	Y	N
19.	_____	_____	_____	Y	N	Y	N	Y	N
20.	_____	_____	_____	Y	N	Y	N	Y	N
21.	_____	_____	_____	Y	N	Y	N	Y	N
22.	_____	_____	_____	Y	N	Y	N	Y	N
23.	_____	_____	_____	Y	N	Y	N	Y	N
24.	_____	_____	_____	Y	N	Y	N	Y	N
25.	_____	_____	_____	Y	N	Y	N	Y	N
26.	_____	_____	_____	Y	N	Y	N	Y	N
27.	_____	_____	_____	Y	N	Y	N	Y	N