

# BlueFreedom

## Quoting Census Requirements

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In order to develop a quality proposal, Blue Cross and Blue Shield of Nebraska (BCBSNE) requires the following information to be included in the template when submitting a request for a quote. If changes are made to the Group Information or the Census Information after the quote request is submitted, adjustments may be made to the group's quote. Please complete the template found at [NebraskaBlue.com/Brokers/Mid-Size-Group-Plans](http://NebraskaBlue.com/Brokers/Mid-Size-Group-Plans) in the Quoting Documents tab.

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### On the Group Info sheet:

#### Enter this in the Group Information section —

- Group Name: Enter exact legal entity name of the business.
- Group City: Enter the city where the company is domiciled. If it is a state other than Nebraska, contact your BCBSNE sales representative.
- Group's ZIP Code (five digits)
- Owner's Name
- SIC Code: Group's four-digit Standard Industrial Classification code
- NAICS Code (Preferred): Six-digit North American Industry Classification System code
  - For more information or additional resources, please visit [www.naics.com](http://www.naics.com).
- Industry Description (or Nature of Business)
- Requested Effective Date: Must be the 1st of the month.
- Requested Tier Structure: 2 or 4.
- Quote Includes Experience: Please submit the experience if 'Yes' is selected.
- Current Carrier – Is this a virgin group?
- Contribution % for Single EE Rate: How much does the employer contribute to the employee cost (%)?

#### Enter this in the Broker Information section —

- Name (required)
- Agency's Name (required)
- Address
- City
- State
- ZIP Code
- Email Address (required)
- Phone
- Fax

#### On the Type of Quote sheet:

Select "Y" for "Yes" or "N" for "No" for each product in the Medical coverage section.

- BlueFreedom (Medical) – Yes/No
- BlueFlex (Medical) – Yes/No
- Large Group (Medical) – Yes/No
- Association (Medical) – Yes/No
  - Association Name, if applicable

Use the drop down arrow to select "Y" or "N" for SignatureBlue (Dental) in the Ancillary coverages section.

## On the Census sheet:

### Enter the following for each employee and dependent —

- Last Name
- First Name
- ZIP Code
- Date of Birth
- Gender
- Member Type (Employee, Spouse, or Child) – See the legend above this column. Each member should be listed on their own line.
- Medical Coverage Requested – Enter which enrollee is requesting coverage. See the legend above this column.
- Dental Coverage Requested – Enter which enrollee is requesting coverage. See the legend above this column. (Medical and dental coverage do not have to match.)
- Please be sure to list the reason for waiver of coverage if declining coverage.
- Is the member eligible for COBRA? Enter “Y” for “Yes” or leave blank for “No.”
- Is the member an active or retired employee? Enter “Act” for “Active” or “Ret” for “Retired.”

## Census example

Information By Member					Member Type	Medical Cvg	Dent Cvg	COBRA	65+	
#	Last Name	First Name	Zip Code	Date of Birth	Gender	(E=Employee, S=Spouse, C=Child)	Requested	Requested	Y or blank	Act or Ret
1	Flintstone	Fred	68114	11-12-1984	M	E	EF	EF		Act
2	Flintstone	Wilma	68114	2-11-1982	F	S	EF	EF		Act
3	Flintstone	Pebbles	68114	3-15-2010	F	C	EF	EF		Act
4	Jetson	George	68101	10-3-1958	M	E	ES	ES		Act
5	Jetson	Jane	68101	9-15-1956	F	S	ES	ES		Act
6	McDuck	Scrooge	68138	12-25-1960	M	E	EE	EE		Act
7	Fish	Marlin	68136	4-16-1993	M	E	EC	EC		Act
8	Fish	Nemo	68136	2-25-2018	M	C	EC	EC		Act