

2022 VA SG Peak Season Playbook

#PowerOfWe



Peak Season Readiness...How to Maximize the Power of WE

- When responding to a request for additional information, “Reply to All” with the answers needed on the **VACASETEAM** email.
Note: Do not go into the portal to upload information, just reply to the e-mail
- Total of 5 days for the group to pass compliance, if not, the group is expired and has to reapply for group coverage. Once the group is expired, it has to be completely re-uploaded by the broker and may need a new effective date.
Note: If additional time is needed, to avoid the group from expiring, respond with a timeframe for a follow-up
- Do not start the enrollment process until you have all the required documents. If you know you will not have everything by the deadline, contact sales for guidance.
- A group will not be approved if there is no active income, if the business is dormant (ineligible), or has all passive income (may be proven with additional documentation to support the owners are actively working full-time)
- New groups not meeting the minimum contribution and participation requirements may apply during the Federal Special Open Enrollment period (November 15 through December 15) for a January 1 effective date.
 - ✓ All documents must be signed and dated within this timeframe**Note:** No exceptions to the Federal Special Open Enrollment deadline



Let's Start a New Trend...Continuing to Maximize the Power of WE

Top 5 Group Return Trends
Tax or Payroll Discrepancies
Census Mismatch
Missing Wage & Tax
Member Enrollments Incomplete or Discrepancies
Missing Required Document(s)

How can we decrease these trends and increase the number of groups enrolled by their effective date?

- Verifying all of the following information prior to submitting a new group will ensure a strong peak season
 - ✓ The products indicated on the group application match the products listed on the quote
 - ✓ Tax documents are the most current available and quarterly wage reports reflect data from one of the two most recent quarters
 - ✓ All owners and all employees are listed on the Small Group Eligibility Form (SGEF)
 - ✓ The EIN number matches the Employer application tax ID number field.
 - ✓ All information, especially the SIC and ZIP Codes, listed on the group application matches the quote
Note: This directly impacts the rates if the quote is not correct
 - ✓ All member information (including DOB) is correct and there are no typos
 - ✓ All required documents are included before submitting a new group



New Group Checklist

We need ALL of the following information uploaded into the Broker Portal by the deadline for the 1st of the following month effective date

- Last quarter VA Employment Commission report (tax and wage report) of all employees (write in owners and new hires)-mark beside each person-Termed/PT/FT/Waiving/Enrolling.
Note: If a new company and is **NOT** a self-employed company, started in the past 3 months – a Small Group Eligibility Form (SGEF) **and** IRS EIN letter are required **or** a payroll report from a payroll company (e.g., ADP). Additionally, if the payroll report does not contain the EIN, will also need the IRS EIN letter.
- For Sole Prop/Self Employed/Multiple owners/Owner Only-need 2021 Schedule C/F or K-1's (equal 100%) and SGEF.
- Enrollment Census must be filled out for all Full Time enrolling and waiving employees. The spreadsheet takes the place of applications and waivers.
- EFT information- complete all boxes
- Quote both, pdf and excel comparison
- Electronically answer the employer application questions in the portal when you enroll the group.



Enrollment Census Spreadsheet

No more paper!!!!!!

Always complete the “Group Information”
tab first for the best results.

Small Group Combined Enrollment Census

Group Information



Step 1 - Complete Required Fields Below

Plan Effective Date *	12/01/2022
Group Name *	Example INC
Bill Entity *	99999
Support Specialist Name	
Support Specialist Phone Number	
Agent/Broker Name	Fake Name
Agent/Broker Phone Number	555-555-5555

* Required Fields

Step 2 - Select a State

<input type="checkbox"/> California	<input type="checkbox"/> Maine	<input type="checkbox"/> New York
<input type="checkbox"/> Colorado	<input type="checkbox"/> Nevada	<input type="checkbox"/> Ohio
<input type="checkbox"/> Connecticut	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Georgia	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Missouri	<input type="checkbox"/> Indiana	

Field Legend

Dropdowns manual key entry

Step 3 - Select Products Below

<input checked="" type="checkbox"/> Medical
<input checked="" type="checkbox"/> Dental
<input checked="" type="checkbox"/> Vision
<input type="checkbox"/> Life

Step 4 - Enter Contract and plan name Below

Type Medical contract Code & Plan name below:

66ME-PT PPO 10/0%/3500
66NE-GD POS 1500/20%/6250

Type Vision Contract Code & Plans Name below:

4D42-FS.A.10.25.200.200

Type Dental Contract Code & Plan name below:

4E6N-ESSENTIAL ENHANCED VA-E69

Life & Disability Plan Selections

CLEAR OFFICE USE ONLY TAB

RETURN TO MAIN MENU

v5.16

Welcome to the Small Group Enrollment Census Form - Virginia

Step 1: Complete everything that has *

Note: Plan Effective Date should match what is quoted for the group and the Bill Entity will always be 999999

Step 2: Virginia

Step 3: Check the box for all products being purchased

Step 4: Copy/paste or type in the Anthem benefit contract code and plan name for each plan option (e.g., medical, vision, dental)

Note: Always put the contract code before the plan name or it will cause an issue with the member enrollments and will delay the group installment process

Enrollment Census Spreadsheet (Cont'd)

Always complete the “Use Enrollment Form” tab second for the best results.

VA Small Group Combined Enrollment Center

Group Enrollment Data

Please complete this form in its entirety for each individual enrolling in a sold plan.

Relationship Type

☐ Employee ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Legal Guardian ☐ Disabled Dependent

Last Name:

First Name:

Middle Initial:

Employee's SSN:

Format: 123456789

Gender

☐ Male ☐ Female

Date of Birth:

Date of Hire:

Format: xx/xx/xxxx

Address 1:

Address 2:

City:

State:

Zip Code:

Phone #:

Format: 1234567890

E-mail:

COB

☐ Is Subscriber currently covered by additional medical insurance? ☐ Yes ☐ No

☐ Is Subscriber currently covered by Medicare? ☐ Yes ☐ No

☐ Used tobacco products 4 or more times per week, in the last 6 months? ☐ Yes ☐ No

☐ Currently enrolling or willing to enroll in a tobacco cessation wellness program? ☐ Yes ☐ No

☐ # of hours Worked per week

Medical Plan Information

Dental Plan Information

Vision Plan Information

☐ Waive Medical Coverage

Medical Coverage Effective Date:

Medical Plan Option:

Click to save data on this form to the Subscriber List

Click to enter dependent data on this form

Click to clear all data on this form or to add a new subscriber

CLEAR ALL RECORDS FROM WAIVER TAB

RETURN TO MAIN MENU

Employee SSN	Last Name	First Name	Coverage Waived	Relationship	Reason
123456789	Fake	Name	Med/Den/Vis	employee	Medicare
987654321	Real	Note	Den/Vis	employee	other-parents plan

Subscriber List

Waivers

Use Enrollment Form

Import Data

Note: Make sure the names, dates of birth, socials, and benefit plans are listed on the subscriber spreadsheet.

If you use the Online Census Enrollment spreadsheet (preferred method), input hours worked in the “Client Comment” column.

VISION PRODUCT NAME	MEDICARE			CLIENT COMMENTS	ANTHEM COMMENTS
	who is 65 or over and Medicare eligible.				
MEDICARE HIB/HIC ID	MEDICARE PART A EFF DATE	MEDICARE PART B EFF DATE			
Auto populated	Alphanumeric	Date	Date		
				35 hours	

How to Upload Your Group in the Producer Toolbox

Here is the “Skinny” on how to upload in your group in the Producer Toolbox

1. scan a copy of the EFT form or copy of the check and save it
2. scan **together** a copy of the taxes/VEC and/or signed small group eligibility form and save it
3. save the enrollment spreadsheet.
4. go to the quote in the portal and click on enroll a group (or create a new quote with exact sold information)
5. answer the employer ap questions online.
6. DocuSign as the broker
7. select online census
8. Because you electronically answered the questions- The Employer Application and quotes have already been “submitted”
Something must show submitted in all rows that have a red dash in the front

Upload Documents				
Individual files must be under 10mb each				
X Clear All				
DOCUMENT NAME	DOWNLOAD FORMS	FILE SIZE	UPLOAD STATUS	UPLOAD FORM
1. Employer Application		480.67KB	Submitted	Choose file
2. Quote Proposal		4.76MB	Submitted	Choose file
3. Quote Monthly Premium Comparison		872.71KB	Submitted	Choose file
4. Online Census Tool OR Census Spreadsheet			Not submitted	Choose file
5. Electronic Debit Form/Live Check Copy			Not submitted	Choose file
6. Quarterly Withholding Report			Not submitted	Choose file
7. Group Size Certification			Not submitted	Choose file

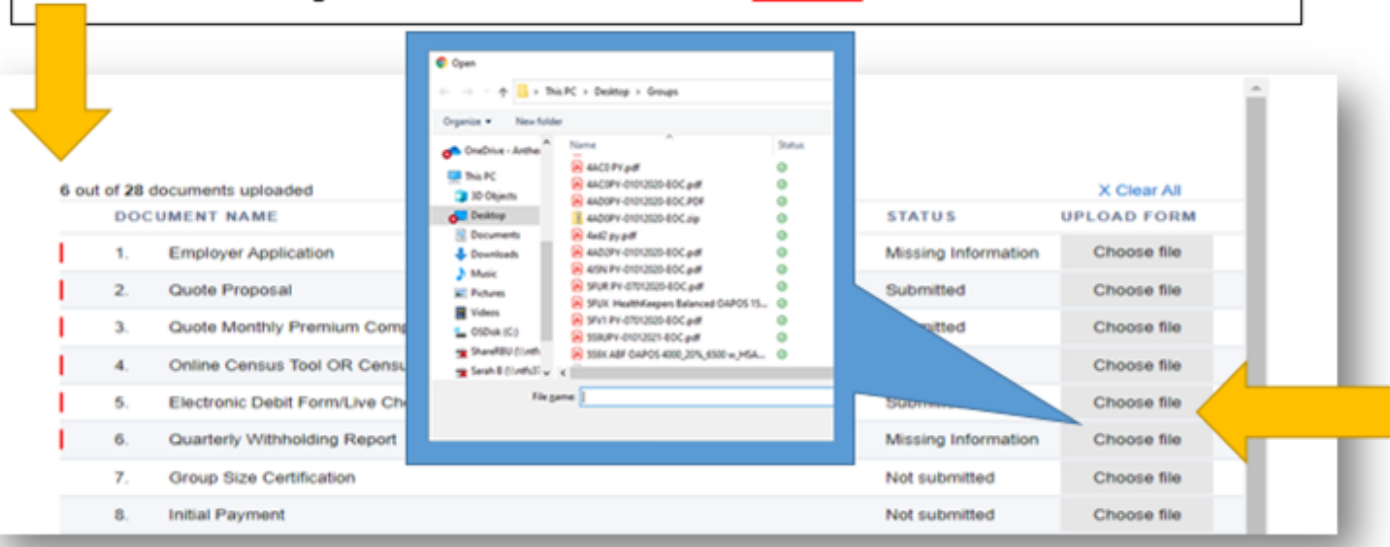
9. Choose File to upload the copy of the EFT form or check
 10. Choose File to upload the enrollment spreadsheet
 11. Choose File to upload the taxes
 12. click on “upload Documents” then scroll to the bottom and click on **uploads complete**.
- If you get stuck or want to jump on a quick tutorial call-let us know. We can walk you through it by phone or Webex screen share.

Make sure there is something submitted in all rows that have a red dash beside them.



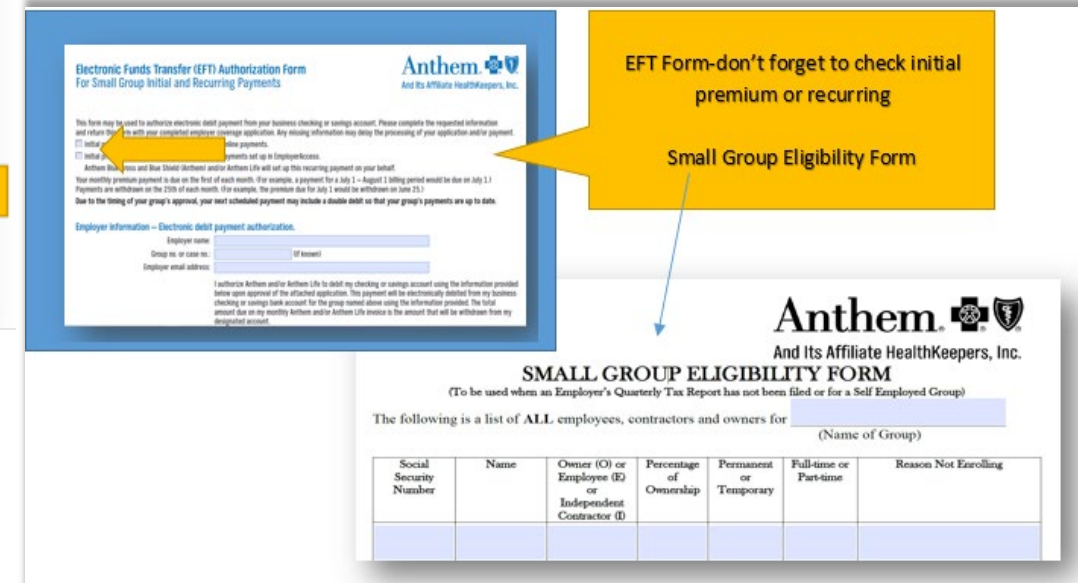
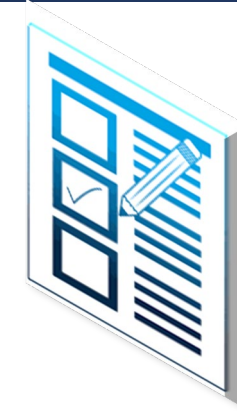
Tips When Uploading Your Group in the Producer Toolbox

When you **"Choose File"** It will take you to your computer so you can "browse" your desk top. Go to the place that you saved your documents and double click or **Insert** the document. It will pull it into the Broker portal. Do this for census enrollment, EFT for and Quarterly Wages (taxes). Make sure there is something submitted in all rows that have a **red dash** beside them.



The screenshot shows the 'Producer Toolbox' interface. On the left, a list of documents is displayed with a 'DOCUMENT NAME' column and a 'STATUS' column. A yellow arrow points to the 'Choose file' button in the 'STATUS' column. A blue box highlights the 'Choose file' button. A file explorer window is open, showing the 'This PC' view with a list of files and folders. A blue arrow points from the file explorer to the 'Choose file' button.

DOCUMENT NAME	STATUS	UPLOAD FORM
1. Employer Application	Missing Information	Choose file
2. Quote Proposal	Submitted	Choose file
3. Quote Monthly Premium Com	Submitted	Choose file
4. Online Census Tool OR Censu	Submitted	Choose file
5. Electronic Debit Form/Live Ch	Submitted	Choose file
6. Quarterly Withholding Report	Missing Information	Choose file
7. Group Size Certification	Not submitted	Choose file
8. Initial Payment	Not submitted	Choose file



The screenshot shows two forms: the 'Electronic Funds Transfer (EFT) Authorization Form' and the 'Small Group Eligibility Form'. A yellow box highlights the 'EFT Form-don't forget to check initial premium or recurring' and the 'Small Group Eligibility Form'. A blue arrow points from the yellow box to the 'Small Group Eligibility Form'.

Electronic Funds Transfer (EFT) Authorization Form
For Small Group Initial and Recurring Payments

Small Group Eligibility Form
(To be used when an Employer's Quarterly Tax Report has not been filed or for a Self Employed Group)

The following is a list of **ALL** employees, contractors and owners for (Name of Group)

Social Security Number	Name	Owner (O) or Employee (E) or Independent Contractor (I)	Percentage of Ownership	Permanent or Temporary	Full-time or Part-time	Reason Not Enrolling

Note: Always use the most current version of the forms. If you need help locating it, just send your AE or AM an email for assistance.

Tips When Uploading Your Group in the Producer Toolbox (Cont'd)

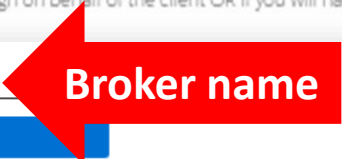

Choose a signature format: *

- ☐ Send to the client now via DocuSign. Choose this option to request an electronic signature by the client.
- ☐ Sign electronically yourself or get a wet signature. Choose if you can sign on behalf of the client OR if you will have them sign a PDF copy.

TYPE COMPANY OWNER/OFFICER'S NAME TO CONFIRM *

Sign Now

By continuing, I confirm that I have a signed paper application from the Group Administrator or group contact and will retain this in my records.



Note: You will sign electronically as the broker because you have a wet signature on the Employer Application. DO NOT SEND IT TO THE GROUP TO SIGN. You sign your name as the broker.

Please review the documents below. **FINISH** **OTHER ACTIONS ▾**

START

DocuSign Envelope ID: 796176FE-C0A0-4361-ACA7-F5E532E87C23

Employer Enrollment Application For Small Groups Virginia

Anthem And Its Affiliate HealthKeepers, Inc. **AnthemLife**

INSTRUCTIONS

PPO health care plans, including dental and vision coverage, are preferred provider organization insurance products offered by Anthem Blue Cross and Blue Shield (Anthem); HMO health care plans are health maintenance organization products offered by HealthKeepers, Inc. (HealthKeepers); Life and/or Disability plans are insurance products offered by Anthem Life Insurance Company (Anthem Life).

Consult the Booklet or Certificate of Coverage for complete coverage terms and conditions. For more information about Anthem, HealthKeepers, and/or Anthem Life, its products and services, visit anthem.com. Please complete electronically or in black ink only and use extra paper if necessary.

Application completed for (select the company that applies):

<input checked="" type="checkbox"/> Anthem Blue Cross and Blue Shield 2015 Staples Mill Road Richmond, VA 23279	<input checked="" type="checkbox"/> HealthKeepers, Inc. 2015 Staples Mill Road Richmond, VA 23279	<input checked="" type="checkbox"/> Anthem Life Insurance Company 220 Virginia Avenue Indianapolis, IN 46202
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Section A: Application Type

<input type="checkbox"/> New enrollment	<input type="checkbox"/> Change(s)	Requested effective date (MM/DD/YYYY): 04/01/2021
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Section B: Company Information

View PDF **Close**

Tax Forms

Newly in Business ACA Groups-in business LESS than 1 year

We will accept the Federal EIN Letter and the Small Group Eligibility Form:

 IRSD	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45299-5023	Date of this notice: 05-13-2011 <u>TAX ID NUMBER</u> Form: 55-4 Number of this notice: CP 575 B For assistance you may call us at: 1-800-829-1040 IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.
<p>004474 WFOU17-0023-001 3 MB 0.390 532</p> <p>COMPANY NAME</p>		
<p>WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER</p> <p>Thank you for an Employer Identification Number (EIN). We assigned you <u>TAX ID NUMBER</u>. This EIN will identify you, your business accounts, tax returns,</p>		

[illegible]

All Other ACA Groups-in business OVER 1 year

Both owner and full-time employee(s) hired LESS THAN a year	Owner hired OVER a year but full-time employee(s) hired LESS THAN a year	Both owner and full-time employee(s) hired MORE THAN a year
Submit the Federal EIN Letter and the Small Group Eligibility Form (same as above)	*Submit the Owner's Tax Form and the Small Group Eligibility Form	Submit the VEC Report



Note: *Reference the most current Underwriting Guidelines to confirm which tax forms are required based on the type of company

VIRGINIA EMPLOYMENT COMMISSION EMPLOYER'S QUARTERLY TAX REPORT										
TAX REPORT FOR QUARTER ENDING				TO AVOID PENALTY FILE REPORT BY						
INDUSTRY	AREA	ACCOUNT NO.	VEC USE ONLY	FEDERAL ID						
			TAX RATE							
A. Enter the total number of employees who worked during or received pay for any part of the pay period which included the 12th of each month of the quarter				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">1st Mo.</th> <th style="width: 33%;">2nd Mo.</th> <th style="width: 33%;">3rd Mo.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1st Mo.	2nd Mo.	3rd Mo.			
1st Mo.	2nd Mo.	3rd Mo.								

EMPLOYER'S QUARTERLY PAYROLL REPORT	
Virginia Employment Commission P.O. Box 27483 Richmond, Virginia 23261-7483	
EMPLOYER NAME _____ VIRGINIA ACCOUNT NO. _____ CALENDAR QTR. ENDING _____	
1. EMPLOYEE SOCIAL SECURITY NO.	2. EMPLOYEE NAME (FIRST, INITIAL, LAST)
3. TOTAL WAGES PAID IN QUARTER	4. TOTAL WAGES PAID IN QUARTER
DOLLARS	CENT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
0.	

Tax Forms (Cont'd)

Religious and Nonprofit Organizations-in business LESS than 1 year

We will accept the 501 C 3 Determination Letter and the Small Group Eligibility Form:

INTERNAL REVENUE SERVICE
P. O. BOX 3505
CINCINNATI, OH 45201

DATE: _____


YOUR NONPROFIT, INC.
P. O. BOX 123
MISSION WAY, CA 95050

DEPARTMENT OF THE TREASURY

Employee Identification Number:
12-3456789
DIN:
123456789010
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vii)
Form 990 Required:
Yes
Effective Date of Exemption:
January 1, 2002
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Anthem 
And its Affiliate HealthKeepers, Inc.

SMALL GROUP ELIGIBILITY FORM
(To be used when an Employer's Quarterly Tax Report has not been filed or for a Self Employed Group)

The following is a list of ALL employees, contractors and owners for _____ (Name of Group)
Type of Organization (Proprietorship, Partnership, C-Corporation, S-Corporation, Limited Liability Company, Non-Profit Organization, Religious Organization, or Agricultural Unit): _____

Social Security Number	Name	Owner (O) or Employee (E) or Independent Contractor (IC)	Percentage of Ownership	Permanent or Temporary	Full-time or Part-time	Reason Not Enrolling

Religious and Nonprofit Organizations-in business OVER 1 year

We need a 501 c 3 and a payroll showing state taxes withheld:

Form **1023**
(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/efile1023 for instructions and the latest information.

OMB No. 1545-0048
Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts 1 - 10 of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part 1 Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) _____

2 c/o Name (if applicable) _____

When the Federal EIN Letter is required to send with (not in place of) other taxes

- When submitting a Schedule C or F, if the business has been assigned a federal EIN, and line D is blank
- If the group only sends the employee listing page of the VEC and the EIN is missing
 - It is usually on page 1 of the VEC but not always on page 2:

TAX REPORT FOR QUARTER ENDING _____ TO AVOID PENALTY FILE REPORT BY _____

INDUSTRY	AREA	ACCOUNT NO.	VEC USE ONLY	FEDERAL ID	TAX RATE

1st Mo 2nd Mo 3rd Mo

- If the group has submitted a payroll that does not have the EIN on it
Note: Payrolls from PEOs (e.g., ADP, Gusto, Paychex) are acceptable as long as they list each employee, as are payrolls from religious or non-profit organizations that employ less than 4 people, otherwise a “homemade” payroll (e.g., a company sending us an excel spreadsheet) is not acceptable. If the group is not a non-profit or religious organization, has been in business for more than a year, and is an ACA group, we should be getting a VEC or owner’s taxes, not a payroll.



Tax Forms (Cont'd)

Self-Employed Groups

We need one of the tax forms below with the Small Group Eligibility Form.

Group submitted between 10/16/22-01/24/23	Group submitted between 01/24/23-04/18/23	Group submitted between 04/19/23-10/16/24
Submit the owner's 2021 taxes with Small Group Eligibility Form	Submit the owner's 2021 taxes OR 2022 taxes. Small Group Eligibility Form required in either case.	Submit the owner's 2022 taxes or 2021 taxes with 2022 extension with the Small Group Eligibility Form

Sample Tax Forms

Schedule C and F (Form 1040):

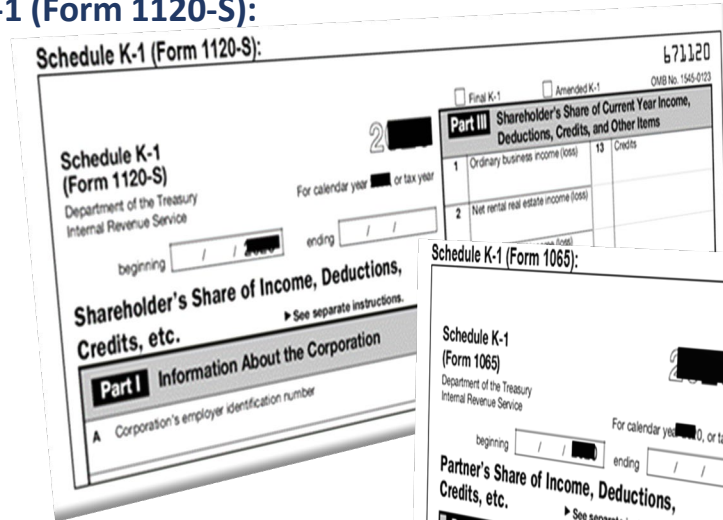
Note: Look at line D. If the business has been assigned a federal EIN, and line D is blank, we will also need that Federal EIN Letter in addition to the tax form and the small group eligibility form. If the EIN is online D (must match the Employer Application) or if the business' EIN is the owner's SSN, and line D is blank, we will not need the EIN letter.



The image displays two sample tax forms, Schedule C (Form 1040) and Schedule F (Form 1040), both titled 'Profit or Loss From Business' and 'Profit or Loss From Farming' respectively. Both forms are from the Department of the Treasury, Internal Revenue Service. The forms are shown at an angle, with the Schedule C form in the foreground and the Schedule F form slightly behind it. Red circles highlight line D, 'Employer ID number (EIN)', on both forms. On the Schedule C form, line D is blank. On the Schedule F form, line D contains the number '20', which is circled in red. The forms also show other lines and sections, such as 'Principal business or profession', 'Business address', 'Accounting method', and 'Part I Income'.

Tax Forms (Cont'd)

Schedule K-1 (Form 1120-S):



Schedule K-1 (Form 1120-S):

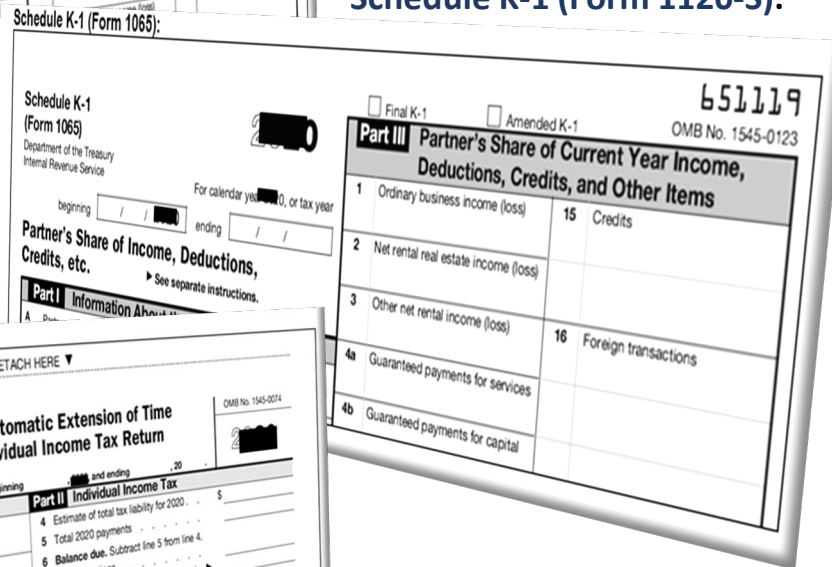
Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

For calendar year 2000 or tax year beginning 1/1/00 ending 12/31/00

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		

Schedule K-1 (Form 1065):



Schedule K-1 (Form 1065):

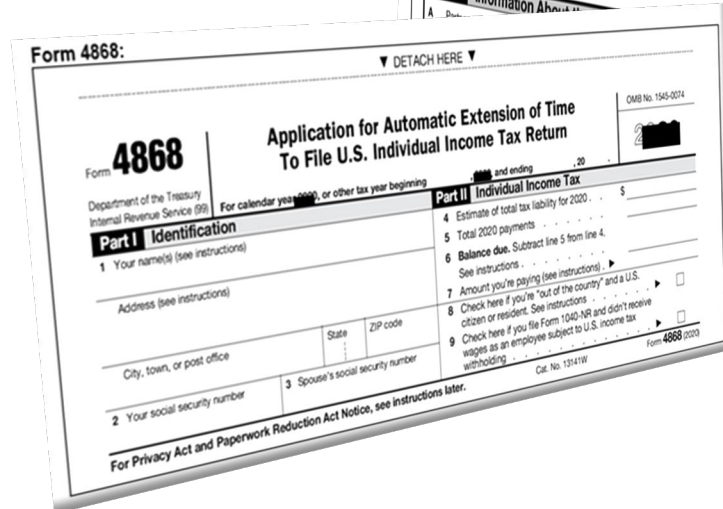
Schedule K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

For calendar year 2000 or tax year beginning 1/1/00 ending 12/31/00

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		

Form 4868:



Form 4868:

Form 4868
Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2000 or other tax year beginning 1/1/00 and ending 12/31/00

Part I Identification

1 Your name(s) (see instructions)

Address (see instructions)

City, town, or post office State ZIP code

2 Your social security number

3 Spouse's social security number

Part II Individual Income Tax

4 Estimate of total tax liability for 2000 \$

5 Total 2000 payments

6 Balance due. Subtract line 5 from line 4.

7 Amount you're paying (see instructions)

8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions.

9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding.



Tax Forms (Cont'd)

Form 7004:

7004
Form (Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

► Go to www.irs.gov/Form7004 for instructions and the latest information.

► File a separate application for each return.

OMB No. 1545-0233

Name _____

Number, street, and room or suite no. (if P.O. box, see instructions.) _____

City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) _____

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for _____

Form Code	Application Is For:
01	Form 706-GS(D)
02	Form 706-GS(I)
03	Form 1041 (bankruptcy estate only)
04	Form 1041 (estate other than a bankruptcy estate)
05	Form 1041 (trust)
06	Form 1041-N
07	Form 1041-QFT
08	Form 1042
20	Form 1120-ND (section 4951 taxes)
21	Form 1120-PC
22	Form 1120-POL
23	Form 1120-REIT
	Form 1120-RIC
	Form 1120S
	Form 1120-SF
	Form 3520-A



Form 941:

Note: Can be used in place of the IRS letter to get a federal EIN confirmed but must include the VEC. Also, can be used in place of the 501 c 3 for non-profits or religious organizations but must include payroll with the employee information.

Form **941 for 20**
(Rev. June 20)

Employer's QUARTERLY Federal Tax Return
Department of the Treasury — Internal Revenue Service

Employer identification number (EIN) _____

Name (not your trade name) _____

950122
OMB No. 1545-0029

Report for this Quarter of 20
(Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

Digital ID Cards

To make the most of our health plan benefits, encourage members to download their digital ID card. It works just like a printed ID card, but it's more convenient to use when you need care.

A digital ID card makes it easier for employees and benefit managers

- Members don't need to wait for the printed card to come in the mail
- The digital ID card is available sooner
- Benefits managers have fewer employees requesting ID cards

Using it is simple. Members can:

- Print a copy anytime
- Email or fax it right from their computer or mobile device to their providers
- Share right from the phone with family members and healthcare professionals
- Enlarge the view on your screen to read the details more easily

Signing up for the digital ID card just takes a few steps.

New members or members not registered:

1. Submit a valid email address on the eligibility file or member application
2. Upon enrollment an email is sent to the member with a unique token that allows them to register for member portal/ Sydney without their ID number
3. The link in the email goes directly to the site that will allow the member to create a username and password
4. They can access their ID card from the Home Screen, View Benefits & Find Care in their network
5. Optional: Members can go to Go to Profile and choose Mobile ID Cards under Communication Preferences, Select On, and the member will not receive future cards by mail

Existing registered members:

1. Log in to the Sydney Health mobile app or anthem.com
2. Access the ID card from the Home Screen
3. Optional: Go to Profile and choose Mobile ID Cards under Communication Preferences. Select On, and the member will no longer receive ID cards by mail

Note: Remind the members to be sure their profile includes the best email address to reach them so we can send important plan and ID card updates



SG Submission Deadlines

Peak Season New Group Submission Deadline Dates

December Effective Date: Monday November 7th

January Effective Date: Monday December 5th

Peak Season ABF Renewal Decision Deadline Dates

December Effective Date: Monday November 7th

January Effective Date: Monday December 5th



FAQ

Q: Are ACA groups required to notify Anthem if renewing with mapped plans?

A: No additional steps are required for ACA groups, Anthem will automatically renew the group into the mapped plans. Yes, a renewal decision is required in order to update the renewal benefits for ABF groups.

Q: Are ABF groups required to notify Anthem if renewing with mapped plans?

A: Yes, a renewal decision is required in order to update the renewal benefits for ABF groups.

Q: If my client makes a plan change at renewal what paperwork is required?

A: Anthem will require a Demographic Change Form and Schedule B (Rate table)

Q: How should an ACA renewal change be communicated to Anthem?

A: Preferred method is Quick Renewal through Producer Toolbox, otherwise completed paperwork can be emailed to: SmallGroupEBSupport@anthem.com

Q: How should an ABF renewal change be communicated to Anthem?

A: ABF renewal changes need to be sent to your assigned account manager

Q: What if my group is electing to change to composite at renewal?

A: Composite rates must be approved by underwriting. Please send a request (demo change form and rates) to your assigned Account Manager

Q: What if I sell dental and vision with my renewal?

A: Dental and vision sales can be submitted through PTB under “specialty add-on” in PTB under the renewal tab

Note: For ABF groups please work directly with your assigned Account Manager

Q: Can specialty be sold off renewal?

A: Yes, please work directly with your account manager or Connect team

Q: How should I submit employee applications, changes, and terminations? **Note:**

A: Our preferred method is Employer Access for all your membership transactions, otherwise completed applications or change forms can be emailed to: SmallGroupEBSupport@anthem.com

Note: Employer Access transactions are completed in real-time with no delay

Q: Where can I find applications and other forms?

A: Applications and forms are housed in PTB under All Resources and forms



Broker Contacts

SG Broker Services: Call 1-855-250-7765 or Email GBSACA-Anthem@anthem.com

Individual Broker Services: Call 1-800-225-3611 or Email eastbrokerservices@anthem.com

Senior Support: Call 1-800-633-4368 or Email MedicareAgentSupport@Anthem.com

Small Group Microsite: <https://anthembrokerhub.com/>

Note: Broker Hub provides tools and resources you need to support your business and your clients

Anthem News: <https://www.anthem.com/producer/news/virginia/>

SG Employer Resource Center: <https://myanthemresource.com/>

Plan Comparison Tool: <https://www.anthemplancomparison.com/va>

SBC: <https://sbc.anthem.com/dps>

SOB: <https://plan-summaries.anthem.com/sobdps/>

Employer Access: <https://employer.anthem.com/eea/public/login>

Enrollment and Billing Team: SmallGroupEBSupport@anthem.com

Note: This box is only used to receive and process enrollment documents. It does not respond to questions. The only response sent is automated confirming receipt and notifying you when your paperwork has been processed. If you have questions or need help, please use the SG Broker Services email address.





**“The strength of the team
is each individual
member. The strength of
each member is the team.”
-Phil Jackson**



#PowerOfWe