



**LIST BILL AGREEMENT TO PROVIDE PAYROLL DEDUCTION SERVICES**

NAME OF COMPANY		COMPANY NO.	EFF. DATE REQUESTED
NO., STREET OR P.O. BOX		CITY	STATE
EXECUTIVE CONTACT		TITLE	PHONE
COMPANY CONTACT		TITLE	TOTAL NO. EMPLOYEES
			TOTAL NO. ENROLLED

**REGARDING THE BLUE CROSS AND BLUE SHIELD OF LOUISIANA , HMO LOUISIANA, INC., AND SOUTHERN NATIONAL LIFE INSURANCE COMPANY, INC. (THE "COMPANIES") LIST BILL PROGRAM, THE EMPLOYER ACKNOWLEDGES AND AGREES THAT:**

- Each employee is eligible to apply for coverage under the Companies List Bill program but only if the employee and any dependents that the employee seeks to cover do not already have other Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. individual or group comprehensive health coverage or individual or group life coverage with Southern National Life Insurance Company, Inc.
- Each applicant and dependent to be covered under the contract will be medically underwritten. Coverage will become effective on the first billing date following underwriting approval.
- The Companies will issue an individual contract to each approved employee applicant. The employee's contract is not a part of a group health or life insurance plan and no group contract will be issued. Some applicants may not be initially approved for coverage and may not have the same effective date if subsequently approved.
- Cancellation of an employee's contract must be done by the employee. The employer cannot cancel coverage for an employee
- The employer will provide payroll deduction services for each employee and make payment of premiums to the companies (on a monthly basis) as an accommodation to the employee.
- The employer will not make any contribution to the premiums on behalf of its employees. The employer understands that the List Bill program is not an employer sponsored group health or life plan. Any contribution to premiums or conduct beyond payroll deduction services by the employer may make the the List Bill program subject to ERISA requirements and may subject the employer to ERISA and other state and federal laws.**

**LIST BILL ARREARS POLICY**

The policies under the List Bill program are individual policies for health coverage between the Companies and the employee and life coverage between Southern National Life and the employee. We encourage you, the employer, to keep premium payments current to prevent the initiation of cancellation steps as set forth below.

- Your invoice is generated approximately two weeks prior to the due date.
- If premiums are not received within two weeks after they are due, you will get a reminder notice. The notice will contain instructions and phone numbers should you need assistance to make the correct payment. **In addition, the employees enrolled in the List Bill Program will get a notice that their premiums are not paid to date.**
- If payment is not received within 31 days after it is due, you will get a notice terminating your participation in the List Bill program. **Your employees or participating dependent enrollees will get a notice of termination of their coverage since they are the policyholders.** (Hospital, Physician and Pharmacy providers have access to our eligibility systems and are capable of verifying your employee's payment status and policy termination date.)
- Requests for reactivation of your participation in the List Bill program will be reviewed. Your past history will be a determining factor in deciding whether to reactivate your participation.

**PLEASE NOTE THAT YOUR EMPLOYEES MAY REQUEST THAT WE BILL THEM DIRECTLY AT THEIR HOME ADDRESSES.**

COMPANY EXECUTIVE	DATE
AGENT	DATE
UNDERWRITER'S APPROVAL	DATE

## SUMMARY OF LIST BILL APPLICANTS

ENTER PRODUCT CODE				UNDERWRITING STATUS		
<b>PRODUCTS CODES</b> <b>BM = BLUE MAX</b> <b>BV = BLUE VALUE</b> <b>VIP = VARIABLE INCOME</b> <b>LFG = LIFEGUARD 10</b>				<b>A = APPROVAL</b> <b>P = PENDED</b> <b>R = REJECTED</b>		
NAME OF APPLICANT	BM	A	NAME OF APPLICANT	BM	A	
	BV	P		BV	P	
	VIP	R		VIP	R	
	LFG			LFG		
1. _____			15. _____			
2. _____			16. _____			
3. _____			17. _____			
4. _____			18. _____			
5. _____			19. _____			
6. _____			20. _____			
7. _____			21. _____			
8. _____			22. _____			
9. _____			23. _____			
10. _____			24. _____			
11. _____			25. _____			
12. _____			26. _____			
13. _____			27. _____			
14. _____			28. _____			



## LIST BILL DISCLOSURE STATEMENT

The List Bill Program is not an employer sponsored group health insurance or group life plan but is a program under which individual insurance contracts are marketed to the employer's employees. Participation in the program is completely voluntary for employees. An employer's participation is intended to be limited to: (1) allowing the contracts to be publicized to its employees, (2) collecting premiums through payroll deduction as an accommodation to employees, and (3) remitting premiums to the insurer.

Blue Cross and Blue Shield of Louisiana, HMO Louisiana, Inc., and Southern National Life Insurance Company, Inc. (the "Companies"), intend and assume that premiums for these individual contracts will be funded solely by the employees, with no contributions being made by the employer or employee organization. Premium contributions by an employer may result in a determination by the United States Department of Labor and/or the Internal Revenue Service that a group insurance plan has been established and is sponsored by the contributing employer. In this event, the employer may become subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), and other state or federal laws or regulations applicable to group health insurance and group life insurance plans. An employer desiring to contribute a portion of its employees' premiums or otherwise participate more extensively than outlined above should consult its legal counsel.

The undersigned employer acknowledges that it has read this disclosure statement and that it understands the nature of the List Bill Program. Employer agrees to hold harmless and indemnify the Companies from any and all liability, including attorney's fees and costs, which it may incur due to contributions to premiums or other actions of the employer which result in a determination that the employer has established a group health insurance or group life insurance plan for its employees.

**X**

EMPLOYER EXECUTIVE \_\_\_\_\_

DATE \_\_\_\_\_

LOUISIANA HEALTH SERVICE &  
INDEMNITY COMPANY d/b/a  
Blue Cross and Blue Shield of Louisiana

SOUTHERN NATIONAL LIFE INSURANCE COMPANY, INC.

HMO LOUISIANA, INC.

Gery J. Barry  
President and Chief Executive Officer

