





# Small Group Participation List

(To be completed by Broker of Record)



**Send completed form to Savoy Associates:**  
**Fax: 973.377.6887**  
**Email: Renewals@savoyassociates.com**

Renewal Month: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Please list groups below and indicate the number of eligible subscribers, the number enrolled with Horizon Blue Cross Blue Shield of New Jersey, the number enrolled with other carriers offered by the employer group, and the number of valid waivers, refusals and COBRA continues (from a prior employer). A valid waiver is: 1 - any other group coverage, excluding sponsored by the same employer with another carrier, 2 - Medicare, 3 - Medicaid, and 4 - NJ FamilyCare. Please note: COBRA subscribers (from this employer) are excluded from the number of eligible subscribers. A small group is one with an average of 2-50 eligible employees on business days during the previous calendar year.

Sign, date and return the form to Savoy Associates **at least five business days prior to the last business day of the renewal month**. Savoy Associates will submit this information to Horizon BCBSNJ, on your behalf, by the last business day of the renewal month. If Horizon BCBSNJ does not receive this information by the date indicated on Renewal or if dual carriers are offered and Horizon BCBSNJ does not have 75 percent of the enrolled employees, the commission will be set to zero.

**Groups submitted on the same form must be renewing during the same calendar month!**

Main Group Number	Group Name	Renewal Date	Total # Eligible	# Enrolled w/ Horizon BCBSNJ	# Enrolled w/ other carriers	# Valid waivers	# Refusals	# COBRA	Over 50 eligible EEs per NJ definition last calendar year? Yes/No

Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_