

CBBT - Application Checklist

- Binder check for first month's premium + fees payable to "Highmark BCBS"
- Highmark Small Group Application
- Highmark Enrollment Applications
- Full time student verification for any covered dependents age 19+.
- Highmark Waiver Form for full time eligible employees opting out of coverage.
- Company Letter **(use sample format provided)**
- Davis Vision enrollment form if enrolling in vision.
- UCCI enrollment form if enrolling in dental.
- Tax Documentation**

Companies with 2 or more full and/or part time employees:

Pennsylvania UC-2 form signed by owner and
Company ownership tax documentation (K-1's, Form 1120, 1120S, etc...)

Sole Proprietors

Schedule C

Sole Proprietor with Full Time Spouse

Schedule C and letter indicating hours and duties of full time spouse.

New Ventures

Form SS-4

Payroll Registers

List of employees showing hours and duties.



Return completed materials to:

CBBT

7000 Stonewood Drive, Suite 251

Wexford, PA 15090

CBBT Monthly Fees

Enrolling Employees	Monthly Fee
1 - 5	3% of Premium + \$10 Billing Fee
6 - 15	2% of Premium + \$15 Billing Fee
16 - 40	1% of Premium + \$25 Billing Fee
41 +	0.5% of Premium + \$25 Billing Fee

Check Calculation

Medical Premium	
Dental Premium	
Vision Premium	
Monthly Fee	
TOTAL	

Consolidated Builders Benefit Trust

7000 Stonewood Drive, Suite 251, Wexford, PA 15090

Toll Free Phone Number: 1-888-333-7526 / Fax: 412-227-6552

www.cbbtonline.com