

Thank you for your interest in SBAM's composite rating program with Blue Cross Blue Shield of Michigan / Blue Care Network. To help guide the quoting and enrollment process, please use this checklist.

Is your small business an active SBAM member at the Basic, Premium, VIP or Elite level?	
	es
□N	o – Membership is required to enroll in the plan. Please join at <u>www.sbam.org/join</u> .
ls youi	group currently enrolled in a BCBSM or BCN plan?
☐ Y	es – Are you sponsored by SBAM? Please review the additional information required below.
☐ Y	es – Not Sponsored by SBAM? Complete the rollover letter and submit to MemberCare@sbam.org .
	Click here to complete the rollover letter. If you're unable to click the rollover letter link above, you can find and download it by visiting www.sbam.org. Navigate to Harmony, Harmony Brochures & Forms, then scroll to SBAM Membership & Sponshorship and click on Rollover Letter for BCBSM/BCN Sponsorship.
□N	o – Please contact your insurance agent or request to be connected with an agent near you.
Additi	onal Information Required:
	urrent copy of Enrolled Census and Bill (for non-SBAM consored groups)
□ C	opy of Estimated Composite Rate
S	gned Composite Rating Contract