Group Reinstatement Requests

Once a group has been advised that their coverage has been canceled for non- payment, the agent or the group contact person should contact Nexben immediately to request reinstatement. In order for a reinstatement request to be considered by the carrier, it must meet the following requirements:

- The reinstatement request letter must be on company letterhead.
- The request letter must include a promise to pay any back premium owed by certified check or money order (if this wording is not included in the request letter Underwriting will not consider the request).
- The request letter must include the reason for the termination (e.g., non-payment) and what preventative measures the group is implementing to ensure this does not happen again.

The reinstatement request must be submitted by a Support request in OneSource. If approved, requirements will be laid out: the dollar amount due, the due date,
and the remittance address.

Important notes:

- Reinstatement request will not be considered for groups that have gone through the reinstatement process within the past 12 months.
- When the group is canceled, all members will be ineligible for services – both medical and prescription.
- Reinstatement requests have a 7-10 business day turn around at BCBSM for initial approval or denial.
- If the certified check or money order is received by the carrier by the requested due date the group and all subscribers will be placed back into an active state for coverage. The process to reactivate the group and the membership may take two to three business days to complete once payment is received.