



## Paperwork Submission Guidelines for 2024 Group Benefit Changes

Effective Date	Due Date
2/1/2024	1/15/2024
2/15/2024	2/1/2024
3/1/2024	2/15/2024
3/15/2024	3/1/2024
4/1/2024	3/15/2024
4/15/2024	4/1/2024
5/1/2024	4/15/2024
5/15/2024	5/1/2024
6/1/2024	5/15/2024
6/15/2024	5/31/2024
7/1/2024	6/14/2024
7/15/2024	7/1/2024
8/1/2024	7/15/2024
8/15/2024	8/1/2024
9/1/2024	8/15/2024
9/15/2024	9/2/2024
10/1/2024	9/16/2024
10/15/2024	10/1/2024
11/1/2024	10/15/2024
11/15/2024	11/01/2024
12/1/2024	11/15/2024
12/15/2024	12/2/2024
1/1/2025	12/16/2024
1/15/2025	1/2/2025

As a reminder, send all small group benefit changes that contain protected health information (PHI) through secure email to [smallgroupreworks@bcssc.com](mailto:smallgroupreworks@bcssc.com) or fax to 803-264-0143.