California Affordable Care Act ACA-Compliant
Renewal Request Opt-in Form

Anthem BlueCross

SECTION 1: GENERAL INFORMATION

Employers choosing to move away from their current non-ACA-compliant plan can request to opt in to ACA-compliant medical plans. **Simply complete and sign this form and return to Anthem Blue Cross no later than the 10th of the month prior to your renewal anniversary month.**

If you have not received your rate notification or need assistance, please contact your agent.

By signing below, I acknowledge that:

- I am the owner/officer of the below-named group and elect the option to switch to an ACA-compliant plan(s) upon the group's renewal/anniversary.

- I understand and agree that Anthem Blue Cross will also automatically move my group to the ACA-compliant plan(s) indicated in my ACA rate notice package. Please note: At your anniversary, all ACA-compliant plans are available to be offered to eligible employees.

- I understand and agree that the group will no longer be eligible to renew or offer non-ACA options for its current renewal option; I understand and agree that my group will no longer be eligible to offer non-ACA-compliant plan(s).

- I understand and agree that once the group exercises the option to move to an ACA-compliant plan(s) that it will not be able to move back to a non-ACA-compliant plan.

SECTION 2: CONTACT INFORMATION

Group name/Company name	Group no.
Email address	Owner/Officer name (print)	Title

Owner/Officer signature	Date (MM/DD/YYYY)

Upon completion, please email or fax the signed form to Anthem Blue Cross:

Email: sguwca@wellpoint.com
Fax: 877-363-9126