

Section 1: Applicant			
Group legal name		Nature of business	
Street address		City	State
Primary group contact name		Primary group contact phone no.	Primary group contact email address
Form of organization		If other, please specify	
Employees of the following subsidiaries or affiliates are to be included. Please attach a separate sheet for additional locations.			
Company name _____		Address _____	
Company name _____		Address _____	

Section 2: Coverage – Select all plans that will be offered		EMPLOYER CONTRIBUTION (Enter %)				
COVERAGE						
		CA	NON-CA	CA	NON-CA	
MEDICAL	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
DENTAL	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
VISION	Employee			Dependent		
	Employee			Dependent		
LIFE AND DISABILITY	Employee					
	Employee					
	Employee					
	Employee					
	Employee					
	Employee					
	Employee					
EAP	Employee					
FSA (Flexible Spending Account)	Employee					
	Employee					
	Employee					
	Employee					
	Employee					

HMO (HMO, Select, Priority Select, and Vivity), Clear Value HMO (HMO, Select, and Priority Select), Advantage HMO, PPO (PPO and Select), Clear Value PPO (PPO and Select), Anthem HSA (PPO and Select), Anthem HRA (PPO and Select), Anthem HIA Plus (PPO and Select), Clear Value HSA (PPO and Select), EPO (PPO and Select), POS, Dental Net, part of Choice Dental plans, Anthem Health Marketplace, and the Employee Assistance Program are provided by Anthem Blue Cross. BC PPO, CareAdvocate PPO, Select PPO, BC Exclusive PPO, Dental PPOs, part of Choice Dental plans, Blue View VisionSM, Employee Life (Basic), Employee AD&D (Basic), Optional Employee Life, Optional Employee AD&D, Voluntary AD&D, Employee Assistance Program, Dependent Life, Optional Dependent Life and Medicare Supplement plans, Short Term Disability, Long Term Disability, Voluntary Short Term Disability (STD) and Voluntary Long Term Disability (LTD) plans are underwritten by Anthem Blue Cross Life and Health Insurance Company.



### Section 3: Eligibility and enrollment

Does your group meet the definition of a large employer, as defined under applicable law\*?  Yes  No

Eligible employees are:  Active full-time employees working \_\_\_\_\_ hours per week (minimum 30 hours per week for Pooled groups)  
 Active part-time employees working \_\_\_\_\_ hours per week  
 Retirees (must be covered under group plan prior to retirement; for Non-Pooled groups only)

\* For plan years commencing on or after January 1, 2016, a large employer means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year. In the case of an employer that was not in existence throughout the preceding calendar year, the determination of whether the employer is a large employer is based on the average number of employees that it is reasonably expected the employer will employ on business days in the current calendar year. For specific guidance concerning the Affordable Care Act, the Internal Revenue Code or California State laws or regulations, you should consult with your attorney, Certified Public Accountant or other authorized consultant or advisor.



Total number of eligible employees enrolling in the Anthem plans:	
Total number of employees eligible for employer-sponsored health plan:	
Total number of eligible employees covered under Kaiser (or other non-Anthem health plan):	
Total number of eligible employees covered under a spouse's or domestic partner's plan:	
Total number of employees (covered, not covered or covered elsewhere):	



### Section 4: Waiting period

#### ALL PRODUCTS SOLD OR MEDICAL ONLY

If a waiting period with an asterisk is selected, Anthem will adjust the coverage effective date to ensure the waiting period between enrollees' eligibility date and the effective date of their coverage does not exceed 90 days from date of hire.

Waiting period for:

Eligibility/coverage begin date:

#### SPECIALTY PRODUCTS ONLY

Waiting period for:

Eligibility/coverage begin date:



Would you like to waive the waiting period for initial enrollment?  Yes  No  
 (i.e., all active full-time employees who have or have not met their probationary period can enroll.)



### Section 5: Domestic Partnership (DP) coverage

CA law requires that Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company cover a legally registered domestic partner of a subscriber in the same way as a dependent spouse of a subscriber.

Please select one of the coverage options below. See attached DP Comparison Chart for description of each coverage option.

Option:

### Section 6: Electronic access of group information by agent/producer/broker/general agent

We, the employer, hereby authorize the agent/producer/broker/general agent whose name is attached to this application to use the EmployerAccess system of Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company to access the group's information, such as but not limited to enrollees, plan selections, and bills/invoices. Such agent/producer/broker/general agent is also hereby authorized to use the EmployerAccess system of Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company to make changes to the group's information on behalf of the group, such as but not limited to adding/deleting plans, adding/deleting employees, and or changing employee demographic information. These authorizations shall terminate if the group's designated agent/producer/broker/general agent changes.

Check this box ONLY if the group elects to opt-out of authorizing the agent/producer/broker/general agent to access and change the group's information on behalf of the group.

**Section 7: General Agreement – Read carefully**

<b>Effective date requested</b>	Actual date will be assigned by Anthem Blue Cross if application is accepted.
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Upon acceptance of the application, the Group will inform all persons who are eligible for coverage that they may apply for Anthem Blue Cross coverage under the Agreement/Policy.

Application is hereby made to Anthem Blue Cross, or the appropriate affiliated company, for a Group Benefit Agreement/Group Policy providing health service benefits. If this application is accepted, an Agreement/Policy will be issued which will set forth the terms, benefits and conditions of the relationship between the Group and Anthem Blue Cross. This application will become part of that Agreement/Policy.

It is understood that no agent or representative except the President, a Vice President, or the Secretary has power on behalf of Anthem Blue Cross to bind Anthem Blue Cross to accept risk, issue an Agreement/ Policy, or commit to particular provisions of an Agreement/ Policy. No coverage will come into effect unless and until this application is accepted. If accepted, the terms of the relationship will be defined entirely within an Agreement/ Policy.

Broker of record and commissions	
Medical	<input type="text"/> %
Dental	<input type="text"/> %
Vision	<input type="text"/> %
Life	<input type="text"/> %
Disability	<input type="text"/> %
EAP	<input type="text"/> %

**ARBITRATION AGREEMENT**

IF THE GROUP IS NOT SUBJECT TO ERISA, ANY DISPUTE BETWEEN A PERSON COVERED UNDER THE AGREEMENT/POLICY AND ANTHEM BLUE CROSS, INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT, AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE PERSON COVERED AND ANTHEM BLUE CROSS ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. IF THE GROUP IS SUBJECT TO ERISA, DISPUTES INVOLVING AN ADVERSE BENEFIT DETERMINATION FOR A HEALTH CLAIM ARE NOT SUBJECT TO BINDING ARBITRATION, BUT, MUST FOLLOW THE ERISA CLAIMS APPEAL PROCESS.

**Section 8: Employer signature**

I understand and agree to all of the above.

<b>Authorized signature</b> X		<b>Date (MM/DD/YYYY)</b>
<b>Printed name of officer, partner or proprietor</b>	<b>Title</b>	
<b>Authorized Broker of Record signature</b> X	<b>Anthem Broker ID no.</b>	<b>Date (MM/DD/YYYY)</b>
<b>Printed name</b>		
<b>Authorized General Agent signature</b> X		<b>Date (MM/DD/YYYY)</b>
<b>Printed name</b>	<b>Anthem General Agent ID no.</b>	