



## Case Submission Acknowledgment

Company Name: \_\_\_\_\_

Requested Effective Date (MM/DD/YYYY): \_\_\_\_\_

Dear Employer,

Thank you for submitting your case to ChoiceBuilder®. We will work expediently to approve your coverage. Please note that submissions after the requested effective date may experience the following delays:

- **Notification of coverage approval**
- **Members appearing in the carrier's system**
- **Receipt of I.D. cards**
- **Receipt of Invoice (payment is due on the 20th of the month prior to the month of coverage)**

Once your coverage is approved, the effective date may not be changed or cancelled retroactively. Coverage may be terminated only on the last day of the month following receipt of your request.

After coverage approval, members or members' provider may contact our Customer Service Center at (866) 412-9279 to verify eligibility.

ID cards will be mailed out within 10 business days of approval.

Please sign below acknowledging you have been informed of the above. Thank you.

\_\_\_\_\_  
Employer Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Broker Print Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Broker's Signature