



**CaliforniaChoice**<sup>®</sup>  
Your Health. Your Choice.<sup>®</sup>

721 South Parker, Suite 200  
Orange, CA 92868  
(800) 558-8003  
Fax (714) 558-8000

# Case Submission Acknowledgment

Group Name: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Subject: **CaliforniaChoice<sup>®</sup> Health Insurance Enrollment**

Dear Employer,

Thank you for submitting your application to CaliforniaChoice<sup>®</sup>. We will work expediently to approve your coverage, however please be advised that submissions after the requested effective date may experience the following delays:

- **Notification of coverage approval**
- **Members appearing in the health plan's system**
- **I.D. cards**

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

Upon approval, members or member's physician may contact our Customer Service Center at (800) 558-8003 to verify eligibility.

Temporary I.D. cards will be mailed out within 7-10 business days of approval. These cards may be used until permanent I.D. cards are received from the health plan.

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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