

## Important Message

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| <b>Initial Group Enrollment</b> | <ul style="list-style-type: none"> <li>Anthem Blue Cross will not approve any plan or network change requests, nor will they approve the addition of employees and/or dependents to the group plan beyond the last day of the effective month. No exceptions outside of a qualifying event.</li> </ul> |
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## Employer Requirements

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| <input type="checkbox"/> <b>Employer Application</b>  | <ul style="list-style-type: none"> <li>This form is required for all new business and must be completed in its entirety.</li> <li>When applicable, complete the Cal-COBRA/COBRA/FMLA questionnaire included in the Employer Application.</li> </ul>   |
| <input type="checkbox"/> <b>DE-9C / Quarterly Contribution Return &amp; Report of Wages</b> | <ul style="list-style-type: none"> <li>Required for 1-2 enrolled employees.</li> <li>Indicate on the document current employment status for each employee listed; example full-time, part-time or terminated.</li> <li>2 weeks of payroll will be required for new hires not listed on the Quarterly State Tax Withholding Report or prior carrier bill.</li> <li>An Eligibility Statement will be required for any officers/owners not on the quarterly wage report.</li> <li>3+ Enrolled: May submit the California Enrollment Compliance Form in lieu of DE-9C.</li> </ul> |
| <input type="checkbox"/> <b>Copy of Carrier Bill</b>  | <ul style="list-style-type: none"> <li>Include a copy of last month's prior carrier's group premium statement for all products elected.</li> </ul>  |
| <input type="checkbox"/> <b>Start-Up/PEO Spin-Off Groups</b>                                | <ul style="list-style-type: none"> <li>IMPORTANT: a start-up is defined as a company that has actively engaged in business or service within the last 30 days.</li> <li>If you are a start-up business, the Conditions of Enrollment for Start-up Companies must be completed and submitted.</li> <li>Additional documentation may be required, please contact your broker representative for further guidance.</li> </ul>  |
| <input type="checkbox"/> <b>Electronic Debit Payment/Recurring Payment Option</b>           | <ul style="list-style-type: none"> <li>submit Electronic Debit Payment/Recurring Payment Option form authorizing Anthem Blue Cross to transact first month's premium via EFT. <i>Note: checks are accepted on an exception basis only.</i></li> </ul>   |
| <input type="checkbox"/> <b>Premium Only Plan</b>   | <ul style="list-style-type: none"> <li>If applicable, include the completed Premium Only Plan (P.O.P.) enrollment form and a separate check in the amount of \$125 payable to Anthem Blue Cross (Anthem).</li> </ul>  |
| <input type="checkbox"/> <b>Submission Deadline</b>   | <ul style="list-style-type: none"> <li>1st of the month effective date DUE by the 4th working day of the month.</li> <li>15th of the month effective date DUE by the 11th calendar day of each month.</li> </ul>  |

## Employee Requirements

<input type="checkbox"/> Employee Application	<ul style="list-style-type: none"><li>• Every eligible employee must complete and submit an application if either enrolling or waiving coverage.</li><li>• All dependents must also either enroll or waive coverage.</li></ul>
<input type="checkbox"/> Copy of Prior Carrier's Explanation of Benefits (EOB)	<ul style="list-style-type: none"><li>• Credit for prior deductibles met under prior medical/dental coverage given when proof of payment is stated on the EOB.</li></ul>
<input type="checkbox"/> Continuity of Care Request Form	<ul style="list-style-type: none"><li>• The Transition Assistance Program is a process that allows continuity of care for new enrollees to Anthem Blue Cross.</li><li>• Continuity of Care Request Forms should be submitted on or before the new enrollee's effective date.</li></ul>