

Underwriting Requirements

- company size 2-500 eligible employees.
- employee must work the minimum number of hours for this company to be considered a full-time eligible employee. Ineligible employees include 1099, commissioned, permanent employees eligible for medical healthcare coverage offered by or through a labor union, part-time working less than 30 hours, seasonal, temporary and employees on a leave of absence not categorized as FLMA, Workers Compensation or Military.
- Employer Sponsored and Voluntary Dental:** employer must select one PPO dental carrier to offer along with DHMO dental carrier.
- Employer Sponsored Dental:** 70% of eligible employees must enroll (employees with other group coverage are not included in participation unless employer contribution is 100%).
- Voluntary Dental**
 - 5+ Eligible (Anthem): Min 2 enrolled
 - 10+ Eligibles (All other carriers): Min 5 enrolled
 - no minimum participation required; no employer premium contribution.
- Employer Sponsored Vision:** 70% of eligible employees must enroll (employees with other group coverage are not included in participation unless employer contributions 100%).
- Voluntary Vision:** no minimum participation required; no employer premium contribution.
- Employer Sponsored Chiropractic:** all eligible employees must enroll; employer must pay 100% of premium.
- Voluntary Chiropractic:** no minimum participation required; no employer premium contribution.
- Life:** all eligible employees must enroll; employer must pay 100% of premium.

Employer Forms

- Employer Enrollment Form:** group must have a 9-digit Federal Tax ID Number (cannot be SSN).
- Owner/Partner Statement:** required if owner(s) not shown on the quarterly/annual wage report with a full-time wage (current state minimum wage multiplied by number of hours to be considered eligible then multiplied by 13 weeks; state requirements - CA: 20+ or 30+ hours per week).
- Current Dental Carrier Billing** (for companies with 10+ eligible who are electing Dental PPO): submit copy of current billing statement and statement from 12 months prior in order to waive the waiting period for major services (statement from 12 months prior required for Orthopedic - must show Orthopedic coverage). May not apply to all carriers.
- Initial Payment Form**
 - submit initial payment form (one-time ACH) with a voided check authorizing ChoiceBuilder to transfer the first month's premium only OR
 - submit a company check payable to ChoiceBuilder for at least 90% of the total premium due, prior to case approval.
 - section 125 (POP) - Add an additional \$100 one-time fee to the premium deposit.
 - COBRA premium is not required, but if submitted, include a separate check from employer or COBRA enrollee. CONEXIS will bill directly.

Employee Forms

- Employee Enrollment Application/Waivers** (and dependent waivers, if dependents not enrolling): employee waivers require reason for waiving and must be completed in full.
- Disabled Dependent Certification Form:** must be completed for dependent child(ren) over the age of 26

Broker Forms

- First Case Only** (required for brokers signing the Employer Application)
 - ChoiceBuilder Agent Agreement, Broker Licensing form, copy of broker license.
 - Carrier Licensing Form.
- Check this box** and return with enrollment materials if you would like to have the Administrative Handbook and membership material mailed to your attention rather than directly to the group.