

Underwriting Requirements

- 1 - 2 Employees**
 - 100% of all eligible employees.
 - all groups must include at least one medical enrolled employee who is not a business owner or spouse of business owner.
- 3 - 100 Employee:** 70% of eligible employees.
- Group's home office must be located in California (Principal Executive Office)**
- 51+% of eligible employees must reside in California**

Employer Forms

- Employer Application** (includes Medical and optional benefits information)
 - workers' compensation coverage must be in force prior to, or on the requested CaliforniaChoice effective date.
 - group must have a 9-digit Federal Tax ID Number (cannot be SSN).
- Full FSA Election Form:** free Full Flexible Spending Account admin through Conexis. Available at time of enrollment for groups enrolling 15 or more.
- Group COBRA Billing Contract:** complete form if group wants billed for Federal COBRA participants (20 or more employees employed 50% of the preceding calendar year).
- DE-9C/Quarterly/Annual Wage Report**
 - must list employee names, social security numbers, wages, and withholdings (no alterations are permitted).
 - indicate employee status directly on the DE-9C (all employees must be accounted for):
E = Enrolling W = Waiving P = Part-time TP = Temporary S = Seasonal WP = Waiting Period T = Terminated U = Union
 - 2 weeks of payroll required for new hires.
 - payroll records required for entire group if more than 50% are not on the DE-9C.
- Most Recent Prior Carrier Bill is required (no DE-9C) for:**
 - required for groups with 6+ medically enrolling employees.
 - required for groups with a lapse of coverage of 3 months or less.
 - 2 weeks of payroll required for enrolling employees not listed on prior carrier bill.
- Owner/Partner Statement:** required if owner(s) not shown on the DE-9C with a full-time salary.
- Current Dental Carrier Billing** (groups with 10+ eligible electing PPO 3000, 3500, 4000, or 5000 Dental): submit copy of current billing statement and statement from 12 months prior to waive the waiting period for major services (statement showing Ortho from 12 months prior required for Ortho coverage).
- Initial Payment Form**
 - submit initial payment form (one-time ACH) with a voided check authorizing CaliforniaChoice to transfer the first month's premium only OR
 - submit a company check payable to CaliforniaChoice for at least 90% of the total premium due, prior to case approval.
 - COBRA premium is not required, but if submitted, include a separate check from employer or COBRA enrollee. CONEXIS bills directly.
- Prior Carrier Termination Letter (if applicable)**

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)
 - CaliforniaChoice Agent Agreement, Broker Licensing form, and copy of broker license.
 - Ameritas PPO 3000, 3500, 4000, or 5000 Dental Plans Licensing form.