

Dental & Life Buy-Up Submission Checklist

DENTAL COVERAGE

REQUIRED FORMS

Dental Application

- SmileSaver DHMO Plans require selection of a family dentist. Upon receipt of dental ID cards, you may elect other dentists for dependents. (Note: If a dentist is not selected, a dentist will be assigned.)
- Enrollment Application for new hire employees and employees not already enrolled in any plan through CaliforniaChoice[®]
- Waivers for employees and dependents declining dental benefits. Waivers completed for other plans are not valid
- Termination Notification Form for employees terminated within the last 30 days

Reconciled Current Quarterly Wage Report or Current Payroll Ledger may be requested

Takeover benefits for Ameritas PPO Plans with 10+ eligible employees

- Prior Carrier's current billing statement. (no lapse in coverage allowed)
- Billing statement from 12 months prior or first statement if coverage has been in force less than 12 months
- Billing statement from 12 months prior for orthodontic option. Statement must show benefits for orthodontic

EFFECTIVE DATE

- All information must be submitted to CaliforniaChoice by the 25th of the month prior to the requested effective date
- During Renewal: All information must be submitted to CaliforniaChoice within 30 days of the requested effective date

PARTICIPATION

- 1-2 Employees: 100% of all employees. All groups must include at least one medical enrolled employee who is not a business owner or spouse of business owner
- 3-100 Employees: 70% of eligible employees enrolling in CaliforniaChoice
- Employees with other group coverage are not counted towards participation unless employer contribution is 100%
- No requirement for Dependent participation

PREMIUM

- Billed on the next monthly statement

LIFE COVERAGE

GUARANTEED ISSUE LIFE AMOUNT

1-5 Employees = \$5,000	11-25 Employees = \$5,000-\$25,000
6-10 Employees = \$5,000-\$10,000	26-100 Employees = \$5,000-\$50,000

REQUIRED FORMS

- Employer Change Request Form**—Life Section completed
- Employee Enrollment Applications**—Sections A, D & E completed (All employees must be accounted for)
- Current Quarterly Wage Report or Current Payroll Ledger**

EFFECTIVE DATE

- Mid-Year Adds: All information must be complete and submitted to CaliforniaChoice by the 25th of the month prior to the requested effective date
- Renewal: All information must be complete and submitted to CaliforniaChoice within 30 days of the requested effective date

PARTICIPATION

- 100% of all eligible employees must enroll

PREMIUM

- Billed on the next monthly statement

Login to www.calchoice.com to download forms and brochures

Please call your CaliforniaChoice Broker for more information or fax forms to CaliforniaChoice: (714) 558-8000