

Small Group (1-100) Case Submission Checklist

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 SS#).
- A reconciled QWR (DE9C) is required for:**
 - Groups with 1-9 medically enrolling employees.
 - Virgin groups (regardless of group size).
 - Groups with a lapse of coverage of more than 3 months.
 - Groups with a variance of 10% or more between the number of employees enrolling and the number of employees on the most recent prior carrier bill.
 - Must list employee names, social security numbers, wages, and withholdings (no alterations are permitted).
 - Indicate employee status directly on the quarterly/annual wage report (All employees must be accounted for):

E = Enrolling	W = Waiving	P = Part-time	TP = Temporary
S = Seasonal	WP = Waiting Period	T = Terminated	U = Union
 - W-4 form is required for new hires not shown on the quarterly/annual wage report.
 - Payroll records required for entire group if more than 50% are not on the quarterly/annual wage report.
 - Payroll may be requested for new hires.
 - Owner/Partner Statement is required if owner(s) not shown on the quarterly/annual wage report with a full-time salary (current state minimum wage multiplied by number of hours to be considered eligible (20 or 30) then multiplied by 13 weeks).
- Copy of the most recent prior carrier bill is required (no DE9C) for:**
 - Groups with 10+ medically enrolling employees.
 - Groups with a variance of less than 10% between the number of employees enrolling and the number of employees on the most recent prior carrier bill.
 - Groups with a lapse of coverage of 3 months or less.
- Minimum Premium Deposit Check**
 - Employer may submit a copy of the group's premium deposit check, payable to CaliforniaChoice at case submission. Original check(s) or completed Initial Payment Form for at least 90% of total premium due must be received by the underwriter prior to case approval.
 - 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.

Underwriting Guidelines

- 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/domestic partner 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%.
- Group's home office must be located in California (Principal Executive Office).
- 51+% of eligible employees must reside in California.

NOTE: PLEASE MAKE A PHOTOCOPY OF YOUR CASE FOR YOUR RECORDS PRIOR TO SUBMISSION

Please call your CaliforniaChoice Broker Representative for more information or submit your case to:

CaliforniaChoice • 721 South Parker, Suite 200 • Orange CA 92868

(800) 542-4218