

Case Submission Acknowledgment

Company Name _____

Requested Effective Date (MM/DD/YYYY) _____

Subject: **CaliforniaChoice® Health Insurance Enrollment**

Dear Employer,

Thank you for submitting your application to CaliforniaChoice. We will work expediently to approve your coverage, however please be advised that submissions after the requested effective date may experience the following delays:

- **Notification of coverage approval**
- **Members appearing in the health plan's system**
- **I.D. cards**

Furthermore, once your coverage is approved, the effective date may not be changed or cancelled retroactively. Coverage may only be terminated the last day of the month following request.

Upon approval, members or member's physician may contact our Customer Service Center at (800) 558-8003 to verify eligibility.

Temporary I.D. cards will be mailed out within 7-10 business days of approval. These cards may be used until permanent I.D. cards are received from the health plan.

Please sign below acknowledging you have been informed of the above. Thank you.

Title_____
Employer's Signature_____
Print Name_____
Date (MM/DD/YYYY)_____
Broker's Signature_____
Print Name_____
Date (MM/DD/YYYY)