

# Change in Group Policy

## Group Change Guidelines

The following charts identify various changes you may make to your group coverage policy (when permitted) and the change requirements. Visit [calchoice.com](http://calchoice.com) to download required forms.

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Mail or fax completed forms to: CaliforniaChoice®  
721 South Parker, Suite 200  
Orange, CA, 92868  
Fax: (714) 558-8000

Change Type	When Allowed*	Deadline to Submit	Requirements To Process
Address	At any time	None	One of the following: <ul style="list-style-type: none"> <li>Employer's written notification providing new address and specifying billing and/or street address and referencing group number. Street address cannot be a P.O. Box or outside of California</li> <li>Employer Change Request Form</li> </ul>
Buy-Up Dental Prepaid 1000 & 3000, EPO 3000 & 3500, PPO 4000 & 5000 (See page 31-32 for eligibility requirements)	At any time once a year and at Renewal	25 <sup>th</sup> of the month prior to requested effective date (if Renewal, within 30 days of anniversary date, but benefits cannot be accessed until group receives written confirmation of approval from CaliforniaChoice)	<ul style="list-style-type: none"> <li>Buy-Up Dental Application</li> <li>Reconciled Quarterly/Annual Wage Report</li> </ul>
Chiropractic/ Acupuncture Plan (Change)	Renewal Only	Prior to requested effective date (Plan cannot be accessed without ID Cards)	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> </ul>
Chiropractic/ Acupuncture Plan (Add)	At any time once a year and at Renewal	Within 30 days of requested effective date (Plan cannot be accessed without ID Cards)	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> </ul>
Company Name	At any time	None	<ul style="list-style-type: none"> <li>Employer letterhead providing new company name and referencing old name and group number</li> </ul>
Contact Person	At any time	None	One of the following: <ul style="list-style-type: none"> <li>Employer-written request providing contact name, job title, phone, fax and e-mail and referencing group #</li> <li>Employer Change Request Form</li> </ul>
Contribution	Renewal Only	Within 30 days of Renewal	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> <li>Employer contribution must be a minimum of 50% of the lowest cost plan available to the employee based on employee ZIP Code</li> </ul>
FDH AccessPlus Dental 100	At any time once a year (but not to replace buy-up dental) and at Renewal	25 <sup>th</sup> of the month prior to requested effective date (if Renewal, within 30 days of anniversary date, but benefits cannot be accessed until group receives written confirmation of approval from CaliforniaChoice)	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> </ul>

\*1st of the month effective date only.

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Federal Tax ID Number	At any time	None	<ul style="list-style-type: none"> <li>Employer letterhead providing new tax ID number and referencing group number signed by authorized personnel</li> </ul>
Life Insurance	At any time once a year and at Renewal	25 <sup>th</sup> of the month prior to requested effective date (if Renewal, within 30 days of anniversary date, but benefits cannot be accessed until group receives written confirmation of approval from CaliforniaChoice)	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> <li>Reconciled Quarterly/Annual Wage Report</li> <li>Employee Enrollment Applications for all eligible employees</li> <li>Completed Statement of Health for all eligible employees if requesting amount above guaranteed issue (subject to medical underwriting)</li> </ul>
Metal Tier(s)	Renewal Only*	A minimum of 5 business days prior to Renewal Date	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> <li>Employee Enrollment Applications (for non-enrolled employees only) And/Or</li> <li>Employee Change Request Forms</li> </ul>
Pay Period for Enrollment Quote	At any time	None (change effective upon entry)	<ul style="list-style-type: none"> <li>Employer-written request</li> </ul>
Section 125	At any time	None	One of the following: <ul style="list-style-type: none"> <li>Employer Change Request Form</li> <li>Optional Benefits Application (requested effective date must be included)</li> </ul>
Termination of Coverage	At any time with 30 days notice	30 days prior to requested effective date (termination will be effective no earlier than the last day of the month following request)	<ul style="list-style-type: none"> <li>Employer-written request to include last day of coverage</li> </ul>
Voluntary Dental 3000	At any time once a year (but not to replace buy-up dental) and at Renewal	25 <sup>th</sup> of the month prior to requested effective date (if Renewal, within 30 days of anniversary date, but benefits cannot be accessed until group receives written confirmation of approval from CaliforniaChoice)	<ul style="list-style-type: none"> <li>Voluntary Dental Application</li> <li>Must enroll one or more employees</li> </ul>
Voluntary Vision	At any time once a year	Within 30 days of requested effective date (Plan cannot be accessed without ID Cards)	<ul style="list-style-type: none"> <li>Voluntary Vision Application</li> <li>Must enroll one or more employees</li> </ul>
Waiting Period	Renewal Only*	Within 30 days of Renewal	<ul style="list-style-type: none"> <li>Employer Change Request Form</li> </ul>

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