

# Underwriting Guidelines



This list is intended to be informative and is not all-inclusive. Other policies and guidelines may apply.

## Census Data

Census data must be provided on eligible (and COBRA eligible) employees and must include:

- Name
- Age or date of birth
- Gender
- Dependent status
- Residence ZIP Code

## Employer Eligibility at Initial Enrollment

- Group size: 2-199 eligible employees
- Group must be domiciled in a state where Choice Builder® is marketed
- A two-life group must be actively in business for at least two months prior to the requested effective date
- Valid Federal Tax ID Number (not a Social Security number)

## Employer Participation at Initial Enrollment

### Group size

- Available Carriers: (Group must offer one EPO/PPO Carrier to go along with the DHMO Carrier)

### 2-9 Employees

- Employer sponsored benefits: Dental, Vision, Chiropractic/Chiropractic & Acupuncture, and Life
- Voluntary benefits: Vision, Chiropractic/Chiropractic & Acupuncture

### 10-199 Employees

- All Employer sponsored benefits: Dental, Vision, Chiropractic/Chiropractic & Acupuncture, and Life
- Voluntary benefits: Dental (five or more employees must enroll), Vision, Chiropractic/Chiropractic & Acupuncture

## Effective Dates

- First of the month (Employer may apply 60 days in advance – rate at time of effective date will apply)

## Waiting Period (All Employees)

First day of the month following:

- Date of hire, 30, 60, 90, 180, 365 days available (waiting period may be waived at initial group enrollment)

## Rate Guarantee

- 12 months

## Required Employer Contribution for Employer Sponsored Benefits

- 50% of the lowest cost benefit design for Dental and Vision
- Dependent contribution, if any, is at the employer's discretion
- 100% for Chiropractic/Chiropractic & Acupuncture, and Life

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## Billing Fee

Per employer group, per billing location, per month:

- 2 – 8 employees \$20
- 9 – 20 employees \$25
- 21+ employees \$30

## Employee Eligibility

Employee must work the minimum number of hours for the employer to be considered a full-time eligible employee. Ineligible employees include 1099, commissioned, permanent employees eligible for medical coverage offered by or through a labor union, part-time working less than 30 hours, seasonal, temporary, and employees on a leave of absence not categorized as FMLA, Workers Compensation, or Military.

## Dependent Eligibility

Spouse must be legally married to eligible employee. Child must be:

- Born to, a step-child, legally adopted or under a court ordered guardianship, of eligible employee or employee spouse or domestic partner
- Financially dependent upon the employee (IRS guidelines)
- Unmarried or not involved in a domestic partnership
- Under age 26 (unless disabled, disability occurring prior to age 26)

## Domestic Partner Eligibility

At time of employee eligibility for enrollment, the employee and partner must fall into all of the following categories:

- Neither is married under either statutory, common law, or part of another domestic partnership
- Both be 18 years of age or older; or if under 18, have a valid court order allowing partnership
- Share an intimate and committed relationship
- Agree to be jointly responsible for each other's basic living expenses incurred during the domestic relationship
- Both be mentally competent
- Not related by blood to a degree of closeness that would prohibit marriage in this state
- Agree to notify Choice Builder® immediately upon termination of domestic partnership

Members who are in a same sex partnership or are the opposite sex and over the age of 62 are required to submit a state-stamped Certificate of Registration of Domestic Partnership from a state or local government agency authorized to perform such registrations within 30 days of issue; all others must submit a signed Affidavit of Domestic Partnership (California residents only).

## General New Business Submission Requirements (see website for detailed submission checklist)

The following items should be submitted prior to the requested effective date:

- Employer application
- Employee enrollment form (Dental/Vision/Chiropractic/Life)
- Waivers
- Owner/Partner form for owners/partners not listed on the Quarterly Wage & Withholding Report with a full-time salary
- Reconciled copy of most recent Quarterly Wage & Withholding Report (if requested)
- Employer may submit the group's premium deposit check payable to Choice Builder, at case submission (add an additional one-time fee of \$100 for Section 125). 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

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