

# Recertification Employer Agreement

## RESPONSE REQUIRED

(Copy sent to Broker)

E-mail form to recert@calchoice.com

Dear CaliforniaChoice® Group:

As part of the annual renewal process, your group needs to be recertified. This means that we must be able to verify that your group is still eligible to continue to participate in the CaliforniaChoice program. Please read the declarations below, verify your group meets the requirements of the program, sign this form and return it to our office.

**DECLARATIONS:**

1. Each employee currently enrolled in CaliforniaChoice and/or applying meets the eligibility requirements. *(eligibility requirements may be found in our administrative handbook)*
2. The company has offered CaliforniaChoice coverage to all full time eligible employees.
3. The company has at least one employee who is not a business owner or spouse/domestic partner of a business owner.
4. The company's principal executive office (home office) is located in California and more than 50% of all eligible employees reside in California.

**In the event the group is unable to recertify, coverage will be cancelled on the last day of the month prior to the group's Renewal Date. Please sign and return this form to:**

**Mail To:** Attn: Recertification Department  
CaliforniaChoice  
721 South Parker, Suite 200, Orange, CA 92868

**Fax To:** (888) 328-8002  
**Email To:** recert@calchoice.com

**As an authorized representative of the group, I have read, understand, and attest that the above statements are true and correct. I also agree to provide CaliforniaChoice with any and all information necessary to prove the above statements if requested.**

**By continuing coverage with CaliforniaChoice, you are certifying that your group continues to meet the minimum eligibility requirements, as indicated above, to participate in the CaliforniaChoice program. In order to retain coverage for the new plan year, the group must continue to adhere to all of the declarations listed above.**

**Please note: Receipt of payment does not guarantee coverage.**

\_\_\_\_\_  
Authorized Group Contact Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date (MM/DD/YYYY)