

Covered California Small Business

Enrollment Checklist

Employer

- Employer Application. Fully complete all sections.
 - Select metallic level(s); Platinum/Gold, Gold/Silver, or Silver/Bronze are allowed if selecting two levels.
 - Provide Federal Employer Identification Number
 - Indicate whether dental or infertility coverage is to be included.
- Reconciled DE-9C/Quarterly Wage Report (most recent filed copy)
 - Part-time, terminated, seasonal or temporary must be indicated.
 - All groups must have a W-2 employee that is not an owner or a spouse of an owner.
 - If a DE-9C is not available; submit 15 days of payroll records.
- Owner Document for each sole proprietor, partner, or corporate officer not listed on the DE-9C. (see acceptable ownership documents on the Employer Application)
- Company Check for at least 85% of the first month's premium. Submitted via online portal once invoice has generated.
- Optional Dental Coverage, if being made available to the employees, must be indicated on the employer application.
- Late Submission Acknowledgement must be completed, by either broker or the employer, for all group submissions arriving within five business days of the effective date.

Employee

- Employee Application. All eligible employees must complete an application to enroll.
 - Employees or dependents waiving coverage must complete the member information, specify who is waiving, and provide the reason for waiving. If employee is waiving, only needs to complete Step 6 on page 4.
 - Optional Dental Coverage (Pediatric or Family) is available for purchase through CCSB and is billed to the group. Employees can choose any plan by any contracted carrier by indicating their selection of the employee application.

Summary of Benefits and Coverage (SBC)

- A Summary of Benefits and Coverage (SBC) must be provided to each employee and beneficiary who is eligible to participate. You can download a Covered California for Small Business SBC by visiting: <https://www.coveredca.com/forsmallbusiness/plans/>