



**NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.**

## UNDERWRITING REQUIREMENTS

- ☐ Company size 2-500 eligible employees.
- ☐ Employee must work the minimum number of hours for this company to be considered a full-time eligible employee. Ineligible employees include 1099, commissioned, permanent employees eligible for medical healthcare 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.
- ☐ **Employer Sponsored and Voluntary Dental:** Employer must select one PPO dental carrier to offer along with DHMO dental carrier.
- ☐ **Employer Sponsored Dental:** 70% of eligible employees must enroll (employees with other group coverage are not included in participation unless employer contribution is 100%).
- ☐ **Voluntary Dental:** No employer premium contribution.
  - 2-9 Employees: Anthem Blue Cross only; minimum five eligible with minimum two enrolled.
  - 10-500 Employees: Anthem Blue Cross; minimum five eligible with minimum two enrolled. All other Dental Plans; minimum ten eligible with minimum five enrolled.
- ☐ **Employer Sponsored Vision:** 70% of eligible employees must enroll. (Employees with other group coverage are not included in participation unless employer contribution is 100%).
- ☐ **Voluntary Vision:** No minimum participation required; no employer premium contribution.
- ☐ **Employer Sponsored Chiropractic:** All eligible employees must enroll; employer must pay 100% of premium.
- ☐ **Voluntary Chiropractic:** No minimum participation required; no employer premium contribution.
- ☐ **Life:** All eligible employees must enroll; employer must pay 100% of premium.

## EMPLOYER FORMS

- ☐ **Employer Enrollment Form**
  - Employer must have a 9-digit Federal Tax ID Number (cannot be SS#).
- ☐ **Owner/Partner Statement**
  - Required if owner(s) not shown on the quarterly/annual wage report with a full-time salary (current state minimum wage multiplied by number of hours to be considered eligible (20 or 30) then multiplied by 13 weeks).
- ☐ **Current Dental Carrier Billing** (for companies with 10+ eligible who are electing Dental PPO)
  - Submit copy of current billing statement and statement from 12 months prior in order to waive the waiting period for major services (statement from 12 months prior required for Orthodontic — must show Orthodontic coverage). May not apply to all carriers.

☐ **Minimum Premium Deposit Check**

- Employer may submit a copy of the group's premium deposit check, payable to ChoiceBuilder® at case submission. Original check(s) or completed ACH Form for at least 90% of total premium due must be received by the underwriter prior to case approval.
- Section 125 (POP) — Add an additional \$100 one-time fee to the premium deposit.
- COBRA premium is not required, but if submitted, include a separate check from employer or COBRA enrollee payable to: ChoiceBuilder.

**EMPLOYEE FORMS**☐ **Employee Enrollment Form/Waivers** (and dependent waivers, if dependents not enrolling)

- Employee waivers require reason for waiving and must be completed in full.

☐ **Disabled Dependent Certification** — Must be completed for dependent child(ren) over the eligibility age and not a full-time student.**BROKER FORMS**☐ **First Case Only** (required for broker(s) signing the Employer Application)

- ChoiceBuilder Agent Agreement, Broker Licensing Form, and copy of broker license.
- Carrier Licensing Form.

☐ **Check this box** and return with enrollment materials if you would like to have the Administrative Handbook and membership material mailed to your attention rather than directly to the employer.

**After approval, prior carrier termination letter must be submitted by the employer or broker.**