



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.

DENTAL COVERAGE

Required Forms

☐ Dental Application

- MetLife and SmileSaver DHMO Plans require selection of a family dentist. Upon receipt of dental ID cards, you may elect other dentists for dependents. (Note: If a dentist is not selected, a dentist will be assigned.)
- Enrollment Application for new hire employees and employees not already enrolled in any plan through CaliforniaChoice®
- Waivers for employees and dependents declining dental benefits. Waivers completed for other plans are not valid
- Termination Notification Form for employees terminated within the last 30 days

☐ Reconciled Current Quarterly Wage Report or Current Payroll Ledger may be requested

Takeover benefits for Ameritas PPO Plans with 10+ eligible employees

- Prior Carrier's current billing statement. (no lapse in coverage allowed)
- Billing statement from 12 months prior or first statement if coverage has been in force less than 12 months
- Billing statement from 12 months prior for orthodontic option. Statement must show benefits for orthodontic

EFFECTIVE DATE

- All information must be submitted to CaliforniaChoice by the 25th of the month prior to the requested effective date
- During Renewal: All information must be submitted to CaliforniaChoice within 30 days of the requested effective date

PARTICIPATION

- 1-2 Employees: 100% of all employees. All groups must include at least one medical enrolled employee who is not a business owner or spouse of business owner
- 3-100 Employees: 70% of eligible employees enrolling in CaliforniaChoice
- Employees with other group coverage are not counted towards participation
- No requirement for Dependent participation

PREMIUM

- Billed on the next monthly statement

LIFE COVERAGE

GUARANTEED ISSUE LIFE AMOUNT

1-5 Employees = \$5,000

6-10 Employees = \$5,000-\$10,000

11-25 Employees = \$5,000-\$25,000

26-100 Employees = \$5,000-\$50,000

REQUIRED FORMS

- Employer Change Request Form—Life Section completed
- Employee Enrollment Applications—Sections A, D & E completed (All employees must be accounted for)
- Current Quarterly Wage Report or Current Payroll Ledger

EFFECTIVE DATE

- Mid-Year Adds: All information must be complete and submitted to CaliforniaChoice by the 25th of the month prior to the requested effective date
- Renewal: All information must be complete and submitted to CaliforniaChoice within 30 days of the requested effective date

PARTICIPATION

- 100% of all eligible employees must enroll

PREMIUM

- Billed on the next monthly statement

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