

Statement of Understanding for ACA Small Groups 1-100



Please submit this form to:
New Business Email: newsuwca@anthem.com

Date of application (MM/DD/YYYY)	Name of employer group	Group/Case no.

SECTION 1: EMPLOYER CERTIFICATION

I understand that Anthem Blue Cross small group plans cannot be sold or utilized in conjunction with any other product, whether insured or self-funded, that funds any annual deductible, copayment, coinsurance, or out-of-pocket expense of the health benefit plan (i.e., “wrapping”).

Signature of owner/officer	Title	Date (MM/DD/YYYY)
X		

SECTION 2: AGENT CERTIFICATION – Signature is required for initial new group submission

I verify that I have not advised and will not advise the employer to enter into an employer-sponsored plan (as described above) that is contrary to this Statement of Understanding now or in the future.

Agent signature	Date (MM/DD/YYYY)
X	
Agent signature	Date (MM/DD/YYYY)
X	