



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.

EMPLOYER FORMS

☐ **Employer Application** (Includes medical and optional benefits information)

- Workers' Compensation coverage must be in force prior to or on the requested CaliforniaChoice® effective date.
- Group must have a 9-digit Federal Tax ID Number (cannot be SS#).

☐ **A reconciled QWR (DE9C) is required for:**

- Groups with 1-5 medically enrolling employees.
- Virgin groups (regardless of group size).
- Groups with a lapse of coverage of more than 3 months.
- Must list employee names, social security numbers, wages, and withholdings (no alterations are permitted).
- Indicate employee status directly on the quarterly/annual wage report (All employees must be accounted for):

E = Enrolling

P = Part-time

S = Seasonal

T = Terminated

W = Waiving

TP = Temporary

WP = Waiting Period

U = Union

- W-4 form is required for new hires not shown on the quarterly/annual wage report.
- Payroll records required for entire group if more than 50% are not on the quarterly/annual wage report.
- Payroll may be requested for new hires.
- Owner/Partner Statement is 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).

☐ **Copy of the most recent prior carrier bill is required (no DE9C) for:**

- Groups with 6+ medically enrolling employees.
- One run of payroll is required for employees not listed on prior carrier bill.
- Groups with a lapse of coverage of 3 months or less.

☐ **Minimum Premium Deposit Check**

- Employer may submit a copy of the group's premium deposit check, payable to CaliforniaChoice at case submission. Original check(s) or completed ACH Payment Form for at least 90% of total premium due must be received by the underwriter prior to case approval.
- COBRA premium is not required, but if submitted, include a separate check from employer or COBRA enrollee. WageWorks, a HealthEquity company will bill directly.

EMPLOYEE FORMS

- ☐ **Employee Enrollment Application/Waivers** (and dependent waivers, if dependents not enrolling)
 - Employee waivers require reason for waiving and must be completed in full.
- ☐ **Disabled Dependent Certification Form** — Must be completed for dependent child(ren) over the age of 26.

UNDERWRITING GUIDELINES

- 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/domestic partner of business owner.
- 3-100 Employees: 70% of eligible employees enrolling in CaliforniaChoice.
- Employees with other group coverage are not counted towards participation.
- Group's home office must be located in California (Principal Executive Office).
- 51+% of eligible employees must reside in California.

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

