

# Case Submission Acknowledgment

Company Name \_\_\_\_\_

Requested Effective Date (MM/DD/YYYY) \_\_\_\_\_

Subject: **CaliforniaChoice® Health Insurance Enrollment**

Dear Employer,

Thank you for submitting your application to CaliforniaChoice. We will work expediently to approve your coverage, however please be advised that submissions after the requested effective date may experience the following delays:

- ***Notification of coverage approval***
- ***Members appearing in the health plan's system***
- ***ID cards***

Furthermore, once your coverage is approved, the effective date may not be changed or cancelled retroactively. Coverage may only be terminated the last day of the month following request.

Upon approval, members or member's physician may contact our Customer Service Center at (800) 558-8003 to verify eligibility.

A welcome packet will be mailed within 7-10 business days of approval. Employees can use the medical information on the welcome letter until permanent ID cards are received from the health plan.

Please sign below acknowledging you have been informed of the above. Thank you.

\_\_\_\_\_  
Title\_\_\_\_\_  
Employer's Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date (MM/DD/YYYY)\_\_\_\_\_  
Broker's Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date (MM/DD/YYYY)