



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.