

# Conditions of Enrollment Start-Up Companies/PEO Spin-Off Groups



Small Group Services  
P.O. Box 9042  
Oxnard, CA 93031-9042  
1-855-239-9251

Company name

## Part A: Start-up companies

I agree that if, after review, Anthem Blue Cross (Anthem) or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.

I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the *Group Benefit Agreement* and/or *Group Contract* in the "Obligations of Employers" section.

By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the *Group Benefit Agreement* and/or *Group Contract*.

Company officer signature

**X**

Company officer name (please print)

Company officer title

Date (MM/DD/YYYY)

## Part B: PEO spin-off groups

I certify that the company has canceled its contract with the PEO effective:  (MM/DD/YYYY)

I agree that if, after review, Anthem or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.

I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the *Group Benefit Agreement* and/or *Group Contract* in the "Obligations of Employers" section.

By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the *Group Benefit Agreement* and/or *Group Contract*.

Company officer signature

**X**

Company officer name (please print)

Company officer title

Date (MM/DD/YYYY)