

## Conditions of Enrollment

### Start-Up Companies/PEO Spin-Off Groups

Small Group Services  
[newsguwca@anthem.com](mailto:newsguwca@anthem.com)

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 2 weeks of 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

Company officer name (please print)

Company officer title

Date (MM/DD/YYYY)

#### Part B: PEO spin-offs group

I certify that the company has cancelled 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 2 weeks of 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

Company Officer name (please print)

Company officer title

Date (MM/DD/YYYY)