



**PLEASE 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.**

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- A signed original Employer Master Group Application
- If a Broker is involved, please complete Section 10 of the Master Group Application
- A copy (all pages) of the most recent state Quarterly Wage and Tax Report (DE9C).

Please indicate each employee's status on the DE9C using the following codes:

|             |   |
|-------------|---|
| <b>T</b>    | Terminated (including termination date)                           |
| <b>E</b>    | Eligible and enrolling  |
| <b>W</b>    | Eligible and waving coverage                                      |
| <b>S</b>    | Seasonal  |
| <b>PT</b>   | Part Time   |
| <b>WP</b>   | Waiting Period (include date of hire for those in waiting period) |
| <b>TEMP</b> | Temporary Employees   |

- For all employees that do not appear on the current DE9C, a copy of the most recent payroll is required.
- Proof of Worker's Compensation.
- If the group has not been in business long enough to have a DE9C, six weeks of payroll, including withholdings, may be submitted.
- A copy of the current carrier's most recent billing statement (all pages) if applicable.  
Employees appearing on the current bill with a reported termination date of 90 days or greater will require a COBRA application or waiver form to be completed as verification of their eligibility to continue or decline coverage.
- Enrollment forms completed and signed by all eligible employee(s) enrolling/waiving coverage.
- If Medicare is primary, a copy of each employee's Medicare card is required to verify enrollment in parts A and B. A copy of the Medicare card is also required to confirm participation requirements.
- First month premium check made payable to: **Balance by CCHP**

**Submit the completed forms with first month premium check:**

**By Mail to:**

CCHP Sales Department  
445 Grant Avenue, Suite 700  
San Francisco, CA 94108

**OR**

**Submit via your Agent/Broker**

**Proof of Ownership/Company Structure:**

Required for groups of any size. This document is used to verify the prospective client is a legitimate, active Small Group eligible for coverage. The information is also used to verify an Owner, Officer, or Partner is actively engaged in the business eligible for coverage. Balance may conduct online searches to validate filings and other documentation. Balance may decline a group for coverage if a search is not successful.

**Sole Proprietorship:**

- Most recent IRS Schedule C (Form 1040), or
- California Business License, or
- Fictitious Business Name Statement, if any

**Partnership and Sole Proprietorship (Individual & Husband/Wife) Businesses must have a minimum of one (1) DE9C/employee on the payroll**

- Partnerships where the only employees are the partners themselves do not qualify for small group coverage
- Partnerships where the only employees are the partners and/or the spouse of the partners do not qualify for small group coverage
- Sole proprietors where the only employee is the sole proprietor do not qualify for small group coverage
- Sole proprietors where the only employee(s) is the sole proprietor and/or its spouse do not qualify for small group coverage

**Partnership:**

- IRS Schedule K-1 (Form 1065) for all enrolling partners, or
- Partnership Agreement signed by each partner plus a federal EIN assignment letter

**Corporation:**

- S-Corps: IRS Schedule K-1 (Form 1120S) for all enrolling owners/officers.
- C-Corps: IRS Form 1120 (pages 1 & 2) which includes "Schedule E"
- Statement of Information (Form LLC-12)

**LLC:**

- LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for an S-Corp, Partnership or Sole Proprietorship based on how the LLC was formed), or
- Statement of Information (Form LLC-12)

**New/Start-up Businesses**

New/Start-up Businesses typically may meet all the underwriting requirements with the exception of the length of time they have been in business. Balance will consider groups that have been in business for at least six (6) weeks but retain the right to defer the group until the California Small Group requirements have been met. To obtain approval for a New/Start-up Business, the following may be required:

- Payroll records or applicable filings indicating the length of time the group has been in business. These documents must span the twelve (12) weeks preceding the effective date and demonstrate one or more eligible employees for the entire period. Payroll records must include all pages for all pay periods and list the following:
  - Company Name
  - Type of Company (see above)
  - Date of pay periods
  - Employee Names, wages paid, withholdings, and grand totals
- Individual payroll/pay stubs, estimated payroll, payroll summaries, or handwritten journals are not deemed acceptable.

*Please Retain a Copy of the Application for Your Records*

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

**Important Reminder:** To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding CCHP's SBCs, contact your Word & Brown representative.

☐ **Employer Application**☐ **Employee Enrollment and Waivers****ACA One Census available on [Producer World](#).**

The One Census tool is an easy-to-use tool that allows you to provide all enrollments for your group. Please complete the tool in its entirety so we can process your submission.

- Sold groups must submit employee enrollment via ACA One Census.
- There is no need to send the employee enrollment forms. All the required information must be entered into the tool.
- Waivers must be included in ACA One Census with the reason waiving.

☐ **Quarterly Wage and Tax Statement (QWTS)**

- A QWTS must be provided for:
  - 1 to 4 enrolled employees
  - 5 to 100 enrolled employees with:

1. No current employer group health coverage

☐ **ACA Banking Consent Form**

The ACH banking agreement is the most efficient way to pay the premium, other options are available. If ACH is not desired, please complete the form with the group name and select the option 'Additional payment options requested'. Plan Sponsor Services will contact the group regarding these payment options.

☐ **PCP selection (primary office ID number) required for Aetna Health Network HMO**

- Members will be auto assigned a PCP, if primary office ID number is not provided.

For complete underwriting guidelines, go to [Producer World Small Group](#).