

HSA California[®] Small Group (2-50) Enrollment Checklist

*Please use this checklist to ensure that all forms and information needed to process your group application are included in the submission packet to **Claremont Insurance Services**.*

- Employer Application (includes medical & optional benefits)
- Employee Enrollment Applications/Waivers
 - Dependent Waivers, if dependents not enrolling
- Employee Medical Questions (Required for 2-14 medically enrolling employees, not including COBRA)
- Employer Medical Questions (Required for 15 or more medically enrolling employees)
- Student Verification Form (Employees enrolling in Ameritas with dependent children ages 19-24)
- Dependent Disability Form (Required for overage dependent children.)
- Self-funding Declaration
- Ownership Documentation. Demonstrates a legal entity, employing permanent, full-time employees, including but not limited to the following documentation:
 - Sole Proprietorship: Business license
 - Partnership: Partnership Agreement (notarized)
 - Corporation: Articles of Incorporation (State seal affixed). Must include officers.
 - LLC: Statement of Organization with Operating Agreement
- Owner/Partner Statement (Required if owner not shown on DE-6 with a full time salary)
- Most recent DE-6.
 - DE-6 must show all current employee names, SS#, wages and withholdings. No alterations permitted.
 - All employees must be accounted for on the DE-6, indicating employee status:
 - If less than two eligible employees appear on DE-6: Payroll records
 - If new hires not shown on DE-6: W-4
- Prior Carrier Cancellation Notification (if prior carrier is available through the **HSA California**[®] plan selection)
- Current Dental Carrier Billing (for groups of 10+ eligible who elect 3500, 4000 or 5000 Dental Plans.)
 - Current Billing Statement and Statement from 12 months prior
 - Statement from 24 months prior (showing Ortho) for Ortho coverage.
- Business check for the first month of premium. Payable to Choice Administrators Insurance Services. Final premium is calculated in underwriting. Additional check for any balance is required prior to approval. If balance is 10% or less, CaliforniaChoice[®] will bill client on next month's invoice. COBRA not required. If submitted, include separate check from employer or enrollee. Section 125 (POP) – Add an additional \$100.00 one-time fee to the premium deposit. CONEXIS will bill directly.
- Case Submission Acknowledgment (if case submitted after the effective date)

Broker Forms Required for First Case ONLY (if not already licensed through HSA California[®]):

- CaliforniaChoice Agent Agreement
- Broker Licensing Form
- Copy of Broker License
- Business Associate Agreement
- Ameritas Dental Licensing Form (for 3500, 4000, 5000 plans)

Please forward this information to Claremont by _____ to ensure an effective date of _____.

Mail all documents to:

Claremont Insurance Services
2999 Oak Road, Suite 810
Walnut Creek, CA 94597
Attention: New Group Processing

For further assistance, including open enrollment meetings, please call Claremont at **(800) 696-4543**.