

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**.

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

- Employer Application (includes medical and 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 - Proof of compensation is required (proof of compensation and statement is required if owner not shown on DE-9C with a full time salary)
- Most recent DE-9C.
 - DE-9C must show all current employee names, SS#, wages and withholdings. No alterations permitted.
 - All employees must be accounted for on the DE-9C, indicating employee status:
 - If less than two eligible employees appear on DE-9C: Payroll records
 - If new hires not shown on DE-9C: W-4
- Prior Carrier Cancellation Notification (if prior carrier is available through the CaliforniaChoice[®] 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 CaliforniaChoice**. 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 CaliforniaChoice[®]):

- 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**.