

Census Enrollment Guide for In-Force Business

Census Enrollment Overview: Member Changes for Existing Groups

- Census Enrollment for member-level changes may be used for all existing CaliforniaChoice® groups. Use of our **Census Enrollment Change Request (CC 0572)** spreadsheet is required. Another template will not be accepted.
- The Census Enrollment template is designed to be used when reporting new hire enrollment and/or employee changes.
- A completed **Attestation Form (CC 0570)** must be submitted (if not already on file) to utilize Census Enrollment for member changes for existing CaliforniaChoice groups.
- Group level changes must be completed via our **Employer Change Request Form (CC 0564)**.
- Census Enrollment is not a guarantee of coverage, plan availability, or approval. For questions about plan availability and/or group or member changes, contact the CaliforniaChoice Customer Service Center at 800.558.8003.
- Supporting documentation may be required/requested dependent upon the nature of the change request submitted.
- **Copying and pasting data into cells will corrupt the spreadsheet.** All information must be either typed into applicable fields or selected from the available dropdowns.
- The Census Enrollment spreadsheet is available at calchoice.com.

Getting Started

- Begin with the “Start Here” tab and confirm the correct effective date has been selected to ensure proper versioning and plan availability.
- All blank fields within the “Start Here” tab must be completed before proceeding to subsequent tabs.

“Members Adding” Tab

- This tab is to be completed only for employees and dependents who are electing to enroll within a line of coverage offered by the employer.
- The employee SSN is required for both the employee and their enrolling dependent(s). Please also include the dependent SSN in the appropriate field.
- Any field that appears gray does not need to be completed.

“Members Changing” Tab

- This tab is to be completed only for Employee(s) currently enrolled with CaliforniaChoice.
- Complete for employees and/or dependents who are changing their demographic information or if the employee is adding/changing/voluntarily terminating their existing coverage.

“Members Resigning/Terminating” Tab

- This tab is to be completed for currently enrolled members of CaliforniaChoice who are no longer eligible for coverage due to: Resignation, Involuntary Termination, or Reduction in Hours/No Longer Eligible.
- For any other changes to existing members, please refer to the “Members Changing” tab.

“Members Waiving” Tab

- This tab is to be completed only if the employee does not want Medical or Dental coverage for themselves and/or their eligible dependents.
- Employees are the only party to be listed on the “Members Waiving” tab, with dropdowns being utilized to indicate whether the employee and/or the eligible dependents have opted to waive coverage offered by the employer.
- Only the employee’s SSN is needed for any dependent waiving a line of coverage offered by the employer. Please note Life Insurance cannot be waived.

Final Steps

- Review entries, confirm no copy/paste actions, save the file. You must retain copies of the Employee Application, Waiver and/or Change Request forms.
- Submit for processing to: memberprocessing@calchoice.com.
- Contact the CaliforniaChoice Customer Service Center at 800.558.8003 if you have questions.

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CC.033026B_4.2026_Eff.1.1.2026
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