

Section 1: Applicant

<input type="checkbox"/> New enrollment <input type="checkbox"/> Renewal/Plan amendment			Group no.: _____	
Group legal name		Nature of business		Federal tax ID no.
Street address		City	State	ZIP code (5+4)
Primary group contact name		Primary group contact phone no.	Primary group contact email address	
Form of organization			If other, please specify:	
Employees of the following subsidiaries or affiliates are to be included. Please attach a separate sheet for additional locations.				
Company name _____		Address _____		
Company name _____		Address _____		

Section 2: Coverage — Select all plans that will be offered

Coverage		Employer contribution (enter %)				
		CA	Non-CA	CA	Non-CA	
Medical	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
Dental	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
	Employee			Dependent		
Vision	Employee			Dependent		
	Employee			Dependent		
EAP	Employee					
FSA (Flexible Spending Account)	Employee					
	Employee					
	Employee					
	Employee					
	Employee					

HMO (CaliforniaCare HMO, Select, Priority Select, and Vivity), Advantage HMO, PPO (Prudent Buyer PPO and Select), Anthem HSA (Prudent Buyer PPO and Select), Anthem HRA (Prudent Buyer PPO and Select), Anthem HIA Plus (Prudent Buyer PPO and Select), EPO (High Performance EPO, Prudent Buyer EPO), POS, Dental Net, part of Choice Dental plans, and the Employee Assistance Program are provided by Anthem Blue Cross. Prudent Buyer PPO, Fee For Service, Dental PPOs, part of Choice Dental plans, and Blue View VisionSM plans are underwritten by Anthem Blue Cross Life and Health Insurance Company.

Section 2: Coverage — Select all plans that will be offered (continued)

Group Accident, Critical Illness, and Hospital Indemnity Insurance			
Coverage	Specific plan	Employer contribution (enter %)	
		CA	Non-CA

Section 3: Eligibility and enrollment

Do you define employees as eligible (full time) if they work 30+ hrs/wk? Yes
 No, explain: _____ (A “No” response will require Underwriting review and approval.)

Are all employees under the same TIN/EIN? Yes
 No, please complete the “Common Ownership” form and include each company’s information.

Are there any types/classes or divisions of employees not being offered Anthem coverage? Yes No
 If yes, explain: _____

Do all eligible employees get the same group health insurance coverage choices? Yes, skip to Client Enrollment Summary.
 No. If you segment employees and offer different choices, fill in details below.

Class	Description (i.e., Full-time, Core vs. non-Core; Union vs. non-Union, etc.)	Number of eligible employees offered coverage (copy info into “Client Enrollment Summary” below)
1		
2		
3		
4		

Client Enrollment Summary		
Total number of employees (benefit eligible and non-benefit eligible)		
Total number of employees eligible for employer-sponsored health plan		
Total number of eligible employees enrolling with Anthem		
Total number of eligible employees enrolling with Kaiser (or other non-Anthem health plan)		
Total number of eligible employees enrolling in coverage under a spouse’s or domestic partner’s plan		

Plan type (check all that apply) ASO plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Form 5500 no.: <input style="width: 50px;" type="text"/>
ERISA <input type="checkbox"/> For profit entity plan <input type="checkbox"/> Non-profit entity plan <input type="checkbox"/> Partnership-partners and employees plan <input type="checkbox"/> Tribes – employees plan	Non-ERISA <input type="checkbox"/> Religious employer (as defined in Health & Safety Code Section 1367.25 or California Insurance Code Sections 10123.1945(d)(2) and 10123.196(e)(2)) <input type="checkbox"/> Government entity plan <input type="checkbox"/> Partnership-partners only <input type="checkbox"/> Tribes – members <input type="checkbox"/> Workers' compensation/unemployment	
If you selected Non-ERISA, is your employer plan? <input type="checkbox"/> Public <input type="checkbox"/> Private		

Section 4: Waiting period

All products sold or medical only If a waiting period with an asterisk is selected, Anthem will adjust the coverage effective date to ensure the waiting period between enrollees' eligibility date and the effective date of their coverage does not exceed 90 days from date of hire. Waiting period for: Eligibility/coverage begin date:	Specialty products only Waiting period for: Eligibility/coverage begin date:
Would you like to waive the waiting period for initial enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e., all active full-time employees who have or have not met their probationary period can enroll.)	

Section 5: Domestic Partnership (DP) coverage

CA law requires that Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company cover a legally registered domestic partner of a subscriber in the same way as a dependent spouse of a subscriber.

Section 6: Electronic access of group information by agent/producer/broker/general agent

We the Employer hereby authorize our designated agent, producer, broker, agency, brokerage, general agency and their respective employees currently on file with Anthem Blue Cross (Agent) to access our health plan information, including protected health information, on behalf of our health plan through Anthem Blue Cross's EmployerAccess system or any other access points Anthem Blue Cross may offer. This information may include, but is not limited to, detail about members, plan selections and bills/invoices. Our Agent is also authorized to make changes to our information on our behalf, including but not limited to adding/deleting plans and members and changing member demographic information. We will be responsible for the activities of our Agent. If our Agent on file changes, these authorizations will apply with respect to our successor Agent. Our Agent is required to maintain original documentation and will make such documentation available to Anthem Blue Cross upon request.
<input type="checkbox"/> Check this box ONLY if the group elects to opt-out of authorizing the agent/producer/broker/general agent to access and change the group's information on behalf of the group.

Section 7: General Agreement — Read carefully

Effective date requested: Actual date will be assigned by Anthem Blue Cross if application is accepted.

Upon acceptance of the application, the Group will inform all persons who are eligible for coverage that they may apply for Anthem Blue Cross coverage under the Agreement/Policy.

Application is hereby made to Anthem Blue Cross, or the appropriate affiliated company, for a Group Benefit Agreement/Group Policy providing health service benefits. If this application is accepted, an Agreement/Policy will be issued which will set forth the terms, benefits and conditions of the relationship between the Group and Anthem Blue Cross. This application will become part of that Agreement/Policy.

It is understood that no agent or representative except the President, a Vice President, or the Secretary has power on behalf of Anthem Blue Cross to bind Anthem Blue Cross to accept risk, issue an Agreement/ Policy, or commit to particular provisions of an Agreement/ Policy. No coverage will come into effect unless and until this application is accepted. If accepted, the terms of the relationship will be defined entirely within an Agreement/ Policy.

HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

Important information regarding fraudulent information:

The following notice applies to all coverage presented on this form:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ARBITRATION AGREEMENT

IF THE GROUP IS NOT SUBJECT TO ERISA, ANY DISPUTE BETWEEN A PERSON COVERED UNDER THE AGREEMENT/POLICY AND ANTHEM BLUE CROSS, INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT, AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE PERSON COVERED AND ANTHEM BLUE CROSS ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. IF THE GROUP IS SUBJECT TO ERISA, DISPUTES INVOLVING AN ADVERSE BENEFIT DETERMINATION FOR A HEALTH CLAIM ARE NOT SUBJECT TO BINDING ARBITRATION, BUT, MUST FOLLOW THE ERISA CLAIMS APPEAL PROCESS.

ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY, INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. For claims that exceed the jurisdiction of the small claims court that are subject to binding arbitration under this Agreement, California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard: *It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. If your plan/policy is subject to 45 CFR 147.136, this agreement does not limit your rights to internal and external review of adverse benefit determinations as required by that law. Enforcement of this arbitration clause, including the waiver of class actions, shall be determined under the Federal Arbitration Act ("FAA"), including the FAA's preemptive effect on state law. By signing, writing or typing your name below you agree to the terms of this agreement and acknowledge that your signed, written or typed name is a valid and binding signature.*

Section 8: Employer and Agent Signatures

I understand and agree to all the above.		
Authorized signature X		Date (MMDDYYYY)
Printed name of officer, partner or proprietor	Title	
I understand and agree to all of the above. In addition, I attest to the following, subject to the civil penalty of up to \$10,000 for willfully stating as true any material fact I know to be false: a) That to the best of my knowledge, the information on the application is complete and accurate. b) That I explained to the Employer, in easy-to-understand language, the risk to the Employer of providing inaccurate information and that the Employer understood the explanation.		
Authorized General Agent signature X	Title	Date (MMDDYYYY)

The information reflected in this document is intended only as general guidance to assist you in determining your group's size under the Affordable Care Act and California Senate Bill 125, starting in 2016. It is not intended as legal or financial advice or opinion. For specific guidance concerning the Affordable Care Act, the Internal Revenue Code or California State laws or regulations, you should consult with your attorney, Certified Public Accountant, or other authorized consultant or advisor. The contents of this document should not be construed as or relied upon for legal or tax advice.