



Please return to: underwriting@calchoice.com or gpc@choiceadmin.com

Employer Census Enrollment Spreadsheet Attestation

Note: This attestation is available to CaliforniaChoice® employer groups electing to use census enrollment for new group employee onboarding plus processing employee level changes throughout the policy year and during the renewal period.

By submitting this attestation, the employer affirms its understanding of and agreement to the following requirements, which are necessary for the use of census enrollment and to ensure compliance with CaliforniaChoice guidelines. By submitting this attestation, the employer also agrees to assume all liabilities, losses, and damages imposed upon CaliforniaChoice by a third party or parties as a direct result of employer failure to comply with any of the below requirements:

- Each eligible employee must complete and sign a CaliforniaChoice Medical/Dental/Life/Vision Enrollment Application (Employee Enrollment Application), Employee Change Request Form or the Medical/Dental Waiver section, if waiving coverage for self or dependents. Signature and date on the Employee Enrollment Application or Waiver must be within 90 days of the employee's effective date. Signature and date on the Employee Change Request Form must be within 60 days of the Life Event or within 90 days of the group's renewal date.
- All eligible employee enrollment application(s), change request(s), and waiver information must be transferred to the Census Enrollment Spreadsheet.
- The employer or administrator will be responsible to confirm all information in the Census Enrollment Spreadsheet is true and accurate.
- Submit this Attestation, Census Enrollment Spreadsheet and all other required New Group Submission or Change Request documentation to CaliforniaChoice.
- Retain copies of all eligible employee enrollment applications, change requests, and waiver forms.
- If requested, provide CaliforniaChoice with a copy of the employee application(s), change request(s) and/or waiver forms within three (3) business days of request.

Signature of Owner or Authorized Group Contact (Please sign below with e-signature, or blue or black ink)

Signature

Date (MM/DD/YYYY)

Full Legal Name:

Title:

Company Name: