

# Statement of Understanding for ACA Small Groups 1-100



Please submit this form to:

New Business Email: [newsuwca@anthem.com](mailto:newsuwca@anthem.com)

Date of application (MM/DD/YYYY)	Name of employer group	Group/Case no.
----------------------------------	------------------------	----------------

## SECTION 1: EMPLOYER CERTIFICATION

I understand that Anthem Blue Cross small group plans cannot be sold or utilized in conjunction with any other product, whether insured or self-funded, that funds any annual deductible, copayment, coinsurance, or out-of-pocket expense of the health benefit plan (i.e., "wrapping").

Signature of owner/officer <b>X</b>	Title	Date (MM/DD/YYYY)
--	-------	-------------------

## SECTION 2: AGENT CERTIFICATION – Signature is required for initial new group submission

I verify that I have not advised and will not advise the employer to enter into an employer-sponsored plan (as described above) that is contrary to this Statement of Understanding now or in the future.

Agent signature <b>X</b>	Date (MM/DD/YYYY)
Agent signature <b>X</b>	Date (MM/DD/YYYY)