Anthem Blue Cross - Paper Enrollment Checklist

Group Effective Date: 01/01/25

We appreciate this opportunity to serve you and your group and want to make sure your enrollment experience is prompt and accurate. Our goal is to process your group as quickly as possible. This checklist outlines the eligibility requirements and documentation needed based on group size. Please use this tool to help ensure the new group paperwork you submit is complete.

Required Forms

Employer Application

- Complete all sections of the application. Missing information will cause a delay in group implementation.
- Applications must be signed by BOTH the employer and the broker.

EFT Authorization Form or Business Check

- 100% of the first month's premium is required.
- When an electronic debit payment/recurring payment option form is submitted, the form MUST be completed in full. This form can be used for a first month only draft, **or** ongoing withdrawals. If no date is specified for funds to be withdrawn, it will default to the 25th of each month.

Note: Anthem will accept payment for anyone paying on the group's behalf. An explanation is required to be submitted with the payment if the group check is under a different company name.

Owner eligibility statement

- An eligibility statement is required for all eligible owners that are enrolling and not appearing on the DE9C, prior carrier bill, or when listed on the DE9C with low wages.
- For Start-up groups and groups using the no DE9C promo, the Eligibility statement is only required if the owner is enrolling.
- If the owner/employer is not listed on the DE9C, please provide proof of owner/employer's eligibility:
    - Sole Proprietorship — Schedule C
    - Partnership — Schedule K1 (form 1065)
    - LLC — Schedule K1 (form 1065) or Stamped/filed Statement of Information
    - Corporations — Stamped/filed Statement of Information

Note: At their discretion, the carrier may request additional documents to verify the group and/or owner's eligibility. These documents may include the following: Business License, Partnership Agreement, IRS Taxpayer ID Number (TIN) letter, Statement of Organization w/signed Operating Agreement and tax documents.

Simple Census Enrollment Template and Life/Disability Census Template

- When completing the enrollment template, the broker agrees to retain a copy of enrollment applications on file.
- All required information for eligible full-time employees must be listed on the simple census enrollment template or on the enrollment/change forms.
- When using the simple census enrollment template, it's not necessary to send employee enrollment. However, it is necessary to send the waivers and COBRA or Cal-COBRA enrollment forms.

Note: Please ask employees to provide an email address on their application, if applicable. Members who provide an email address with their application will get an email with an activation code to register on anthem.com/ca within 72 hours of completing enrollment. This code allows members to register and view their digital ID card right away. Members can also set their ID card preference to digital, if desired.

Enrollment Kit Downloads

File Title
EFT Authorization Form
Eligibility Statement (Owner/Officer)
Employer Application: Medical/Dental/Vision
Simple Census Enrollment Template (Electronic Only)

Additional Info

COBRA

- It is your responsibility as the employer to contact your prior carrier to verify Cal-COBRA or COBRA members. A signed application and premium for each COBRA enrollee is required.

Employee waivers

- A paper waiver form from each eligible employee who is not electing coverage must be provided.

DE9C (California quarterly wage and withholding report)

- **1-2 enrolled:** Required.
  - Most recent reconciled DE9C (e.g., enrolling, waiving, if terminated with termination dates).
  - If writing dental and/or vision without medical DE9C is not required.
  - If the DE9C is not available due to length of time W2 employees were hired, Anthem will request the Conditions of Enrollment form to be completed (the group agrees to provide 2 weeks of complete payroll records for all employees within 45 days of the effective date).
  - For enrolling newly hired employees not appearing on the DE9C with eligible wage, 2 weeks of payroll records are required. If payroll is not available, a letter on company letterhead or email from the owner may be provided confirming the employee's date of hire and hours worked per week.
- **3+ enrolled (Promo effective 11/6/24)**: DE9C waived, a completed California Enrollment Compliance Form is required. Applies to the following group types:
  - Start-up groups with 3 or more enrolled employees.
  - PEO subgroup/hybrid groups with 3 or more enrolled employees.
  - Groups coming off Cigna+Oscar with 3 or more enrolled employees (thru 12/1/25)
  - Union Groups with 3 or more enrolled employees. A copy of the Collective Bargaining Agreement is required.
  - Note: Groups breaking away from a PEO must provide copy of PEO client billed invoice billed to the worksite business, which includes the names of each employee previously leased to the worksite employer and sign Anthem's Conditions of Enrollment Form/Start-Up Companies/PEO Spin-Off Groups form.

Summary of benefits and coverage (SBC) must be distributed by the employer according to federal requirements. Log on to https://sbc.anthem.com or www.sbc.anthem.com/dps to download the SBC for your selected plan(s). Once your group's application for coverage is approved, SBC form(s) for purchased plan(s) will be provided to the employer.

Supplemental Documents

Many groups have very simple underwriting requirements but some will need additional documentation. The items below are used for some, but not all submissions. If you are not sure if these apply to you, please feel free to ask us for assistance.

- **Conditions of enrollment form —** this should be completed and signed by the employer for start-up groups or PEO spin-off groups.
- **PEO Employer Authorization Letter**- this should be completed if the employer is a PEO Subgroup.
- **Premium only plan application —** this should be completed and signed by the employer for groups enrolling in a Premium Only Plan (POP).
- **Attestation determining group size informational flyer —** required for groups of 100+.
- **Internet eligibility agreement —** this should be completed and signed by the employer to get group access to Anthem's Internet Eligibility website that allows inquiry and/or updates to the Anthem's Membership System.
- **Statement of accountability/translator's statement —** completed and signed by the translator for employees who cannot complete the application because they do not speak English.
- **Member Social Security number exception request forms —** completed and signed by the employee for members or dependents who do not have a Social Security number.
- **Continuity of care/transition of care request form —** this should be completed and signed by a member that is transitioning care from one provider to another. This can also be signed by the member's parent or guardian, if the member is under 18.

File Title
Attestation Determining Group Size Informational Flyer
Attestation Form
California Enrollment Compliance Form
CDHP HSA Questionnaire
Certification of Parent-Child Relationship
Conditions of Enrollment - Start Up/PEO
Continuity of Care/Transition of Care Request Form

File Title
Deductible Credit Cheat Sheet
Guaranteed Association Attestation
Internet Eligibility Agreement
Member SSN Exception Request Form
Overage Dependent Certification
PEO Employer Authorization Letter
Premium Only Plan (POP) Brochure/Application
Religious Employer Self-Certification Form
Statement of Accountability/Translator's Statement