California Enrollment Compliance Form

Groups with 3 or more Enrolled Employees

Please include this completed certification with your New Group submission.

Company Name	
Requested Effective Date	Employer tax ID no. (required)

Participation Qualification

1.	Number of eligible employees (include eligible part-time employees, if applicable)	
2.	Total number of valid waivers	
3.	Total number of eligible employees (subtract line 2 from line 1)	0
4.	Number of employees enrolling with Anthem Blue Cross	
5.	Divide line 4 by line 3 for participation determination	0 %

Standard Participation Guidelines

- 60% Participation required for groups with 3-4 enrolled employees.
- 25% Participation required for groups with 5 or more enrolled employees.

Participation guidelines not met will be required to submit waivers to establish overall participation adherence.

Important Information

Anthem Blue Cross reserves the right to request and review at any time the employer's DE9C/payroll records to confirm eligibility. The employer agrees to furnish Anthem Blue Cross with all information and documentation which may be required to establish eligibility for coverage.

Authorized Signature

By signing this document, I hereby certify, as a condition of eligibility, that the minimum participation requirements as expressed in the group policy are being met. The information I have provided is accurate and truthful. I understand that any intentional misrepresentation of material fact or fraudulent statement may result in revocation of the group policy, termination of coverage, increase in premiums retroactive to the policy inception date, or other repercussions as permitted by law.

Owner/Officer Signature	Title	Date

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