

Thank you for choosing CCHP for your group coverage. This checklist will help you gather and submit all required documents to start coverage. All new group applications must provide information supporting its qualification for employer group coverage. A new group must demonstrate it has been in business for a minimum of six (6) weeks, with a least one (1) employee working an average of thirty (30) hours or more per week. An employer with 1-100 full-time employees qualifies for Small Group plans and groups with 100+ employees are considered large groups. A Small Group is eligible for guaranteed issue and renewability when they meet and continue to satisfy the Small Group definition under California state regulations

Please use this checklist to include the following documents when submitting the Master Group Application to ensure prompt processing

- ☐ A signed original Employer Master Group Application
- ☐ If a Broker is involved, please complete Section 10 of the Master Group Application.
- ☐ A copy (all pages) of the most recent state Quarterly Wage and Tax Report (DE9C).
 - ☐ Please indicate each employee's status on the DE9C using the following codes:

T	Terminated (including termination date)	PT	Part Time
E	Eligible and enrolling	WP	Waiting Period (include date of hire for those in waiting period)
W	Eligible and waving coverage	TEMP	Temporary Employees
S	Seasonal		
 - ☐ For all employees that do not appear on the current DE9C, a copy of the most recent payroll is required.
 - ☐ Proof of Worker's Compensation.
 - ☐ If the group has not been in business long enough to have a DE9C, six weeks of payroll, including withholdings, may be submitted.
- ☐ A copy of the current carrier's most recent billing statement (all pages) if applicable.

Employees appearing on the current bill with a reported termination date of 90 days or greater will be required a COBRA application or waiver form to be completed as verification of their eligibility to continue or decline coverage.
- ☐ Enrollment forms completed and signed by all eligible employee(s) enrolling / waiving coverage.
- ☐ If Medicare is primary, a copy of each employee's Medicare card is required to verify enrollment in parts A and B. A copy of the Medicare card is also required to confirm participation requirements.
- ☐ **First month premium check made payable to CCHP.**

Submit the completed forms with first month premium check:

Mail	OR	Submit to your
CCHP Sales Department		Agent/Broker
445 Grant Avenue, Suite 700		
San Francisco, CA 94108		

Please call Sales Department at 1-877-224-7918 if you need assistance.

Please Retain a Copy of the Application for Your Records

Proof of Ownership/Company Structure:

Required for groups of any size. This documentation is used to verify that the prospective client is a legitimate, active Small Group eligible for coverage. The information is also used to verify that an owner, officer or partner is actively engaged in the business for eligible for coverage. CCHP may conduct online searches to validate filings and other documentation. CCHP may decline a group for coverage if a search is not successful.

☐ **Sole Proprietorship:**

- ☐ Most recent IRS Schedule C (Form 1040), or
- ☐ California Business License, or
- ☐ Fictitious Business Name Statement, if any

Partnership and Sole Proprietorship (Individual & Husband/Wife)

Business must have a minimum of one (1) DE9C/employee on the payroll.

- ☐ Partnerships where the only employees are the partners themselves **do not** qualify for small group coverage
- ☐ Partnerships where the only employees are the partners and/or the spouse of the partners **do not** qualify for small group coverage
- ☐ Sole proprietors where the only employee is the sole proprietor **do not** qualify for small group coverage
- ☐ Sole proprietors where the only employee(s) is the sole proprietor and/or its spouse **do not** qualify for small group coverage

☐ **Partnership:**

- ☐ IRS Schedule K-1 (Form 1065) for all enrolling partners, or
- ☐ Partnership Agreement signed by each partner plus a federal EIN assignment letter

☐ **Corporation:**

- ☐ S-Corps: IRS Schedule K-1 (Form 1120S) for all enrolling owners/officers.
- ☐ C-Corps: IRS Form 1120 (pages 1 & 2) which includes "Schedule E"
- ☐ Statement of Information (Form LLC-12)

☐ **LLC:**

- ☐ LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for an S-Corp, Partnership or Sole Proprietorship based on how the LLC was formed), or
- ☐ Statement of Information (Form LLC-12)

New/Start-up Businesses

New/Start-up Businesses typically may meet all the underwriting requirements with the exception of the length of time they have been in business. CCHP will consider groups that have been in business for at least six (6) weeks, but retains the right to defer the group until the California Small Group requirements have been met. To obtain approval for a New/Start-up Business, the following may be required:

- Payroll records or applicable filings indicating the length of time the group has been in business. These documents must span the twelve (12) weeks preceding the effective date and demonstrate one or more eligible employees for the entire period. Payroll records must include all pages for all pay periods and list the following:
 - ☐ Company name;
 - ☐ Type of Company (see above)
 - ☐ Date of pay periods; and
 - ☐ Employee names, wages paid, withholdings and grand totals
- Individual payroll/pay stubs, estimated payroll, payroll summaries or handwritten journals are not deemed acceptable.