

RECERTIFICATION EMPLOYER AGREEMENT

RESPONSE REQUIRED

(Copy sent to Broker)

Dear CaliforniaChoice® Group:

As part of the annual renewal process, your group needs to be recertified. This means that we must be able to verify that your group is still eligible to continue to participate in the CaliforniaChoice program. Please read the declarations below, verify your group meets the participation requirements of the program, sign this form and return it to our office.

DECLARATIONS:

1. The company contributes a minimum of 50% of the lowest cost premium for each enrolled employee.
2. Each employee currently enrolled in CaliforniaChoice and/or applying meets the eligibility requirements per our administrative handbook.
3. The company has offered CaliforniaChoice coverage to all full time eligible employees.
4. The company has at least one employee who is not a business owner or spouse/domestic partner of a business owner.
5. The company meets the minimum participation requirements:
 - 1-2 Employees: 100% of eligible employees (medically enrolled).
 - 3-100 Employees: 70% of eligible employees (medically enrolled).
6. The company's principal executive office (home office) is located in California and more than 50% of all eligible employees reside in California.
7. If your CaliforniaChoice policy was in force prior to October 2003, and you currently have a separate Kaiser Permanente Policy, a minimum of 5 eligible employees must be medically enrolled at all times and meet the 70% minimum participation requirement. Employees that remain enrolled in the group's direct Kaiser Permanente Policy are not counted towards participation requirements.

In the event the group is unable to recertify, coverage will be cancelled on the last day of the month prior to the group's Renewal Date. Please sign and return this form to:

Mail To: Attn: Recertification Department
CaliforniaChoice
721 South Parker, Suite 200, Orange, CA 92868

Fax To: (888) 328-8002
Email To: Recert@calchoice.com

As an authorized representative of the group, I have read, understand, and attest that the above statements are true and correct. I also agree to provide CaliforniaChoice with any and all information necessary to prove the above statements if requested.

By continuing coverage with CaliforniaChoice, you are certifying that your group continues to meet the minimum eligibility requirements, as indicated above, to participate in the CaliforniaChoice program. In order to retain coverage for the new plan year, the group must continue to adhere to all of the declarations listed above.

Please note: Receipt of payment does not guarantee coverage.

Name (Authorized Group Contact)

Signature

MM DD YYYY
/ /

Date

Should you have any questions, please call us at 1-800-558-8003 or send us an e-mail at Recert@calchoice.com.