

**Underwriting Requirements**

- Company size 2-199 eligible employees
- Employee must work the minimum number of hours for this company to be considered a full-time eligible employee. Ineligible employees include 1099, commissioned, permanent employees eligible for medical healthcare coverage offered by or through a labor union, part-time working less than 30 hours, seasonal, temporary and employees on a leave of absence not categorized as FMLA, Workers Compensation or Military.
- Employer Sponsored and Voluntary Dental:** Employer must select one EPO/PPO dental carrier to offer along with DHMO dental carrier.
- Employer Sponsored Dental:** 70% of eligible employees must enroll (employees with other group coverage are not included in participation unless employer contribution is 100%).
- Voluntary Dental:** Company size 10-199 eligible employees; 5 or more eligible employees must enroll; no minimum participation required; no employer premium contribution.
- Employer Sponsored Vision:** 70% of eligible employees must enroll. (Employees with other group coverage are not included in participation unless employer contribution is 100%).
- Voluntary Vision:** No minimum participation required; no employer premium contribution.
- Employer Sponsored Chiropractic:** All eligible employees must enroll; employer must pay 100% of premium.
- Voluntary Chiropractic:** No minimum participation required; no employer premium contribution.
- Life:** All eligible employees must enroll; employer must pay 100% of premium.

**Employer Forms**

- Employer Enrollment Form**
  - Employer must have a 9-digit Federal Tax ID Number (cannot be SS#).
- Owner/Partner Statement**
  - Required if owner(s) not shown on the quarterly/annual wage report with a full-time wage (current state minimum wage multiplied by number of hours to be considered eligible then multiplied by 13 weeks; state requirements - CA: 20+ or 30+ hours per week).
- Current Dental Carrier Billing** (for companies with 10+ eligible who are electing Dental EPO or PPO)
  - Submit copy of current billing statement and statement from 12 months prior in order to waive the waiting period for major services (statement from 24 months prior required for Orthodontic — must show Orthodontic coverage). May not apply to all carriers.
- Minimum Premium Deposit Check**
  - Employer may submit a copy of the group's premium deposit check, payable to Choice Builder® at case submission. Original check(s) or completed Initial Payment Form for at least 90% of total premium due must be received by the underwriter prior to case approval.
  - Section 125 (POP) — Add an additional \$100 one-time fee to the premium deposit.
  - COBRA premium is not required, but if submitted, include a separate check from employer or COBRA enrollee payable to: Choice Builder.

**Employee Forms**

- Employee Enrollment Form/Waivers** (and dependent waivers, if dependents not enrolling)
  - Employee waivers require reason for waiving and must be completed in full.
- Disabled Dependent Certification** — Must be completed for dependent child(ren) over the eligibility age and not a full-time student.

**Broker Forms**

- First Case Only** (required for broker(s) signing the Employer Application)
  - Choice Builder Agent Agreement, Broker Licensing Form, and copy of broker license.
  - Carrier Licensing Form.
- Check this box** and return with enrollment materials if you would like to have the Administrative Handbook and membership material mailed to your attention rather than directly to the employer.

**NOTE: PLEASE MAKE A PHOTOCOPY OF YOUR CASE FOR YOUR RECORDS PRIOR TO SUBMISSION**

Please call your Choice Builder team for more information or submit your case to:  
Choice Builder • 721 South Parker, Suite 200 • Orange CA 92868  
**(866) 412-9254**