

# Conditions of Enrollment Start-Up Companies/PEO Spin-Off Groups



Small Group Services  
P.O. Box 9042  
Oxnard, CA 93031-9042  
1-855-239-9251

Company name		
<b>Part A: Start-up Companies</b>		
<p>I agree that if, after review, Anthem Blue Cross (Anthem) or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.</p> <p>I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the <i>Group Benefit Agreement</i> and/or <i>Group Contract</i> in the "Obligations of Employers" section.</p> <p>By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the <i>Group Benefit Agreement</i> and/or <i>Group Contract</i>.</p>		
Signature of company officer <input checked="" type="checkbox"/>	Name of company officer (please print) <input checked="" type="checkbox"/>	
Title of company officer <input checked="" type="checkbox"/>	Date (MM/DD/YYYY) 	
<b>Part B: PEO Spin-off Groups</b>		
I certify that the company has canceled its contract with the PEO effective:                     (MM/DD/YYYY)		
<p>I agree that if, after review, Anthem or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.</p> <p>I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the <i>Group Benefit Agreement</i> and/or <i>Group Contract</i> in the "Obligations of Employers" section.</p> <p>By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the <i>Group Benefit Agreement</i> and/or <i>Group Contract</i>.</p>		
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