CHOICE BUILDER®
721 South Parker, Suite 200, Orange, CA 92868
Phone: (866) 412-9279 • Fax (866) 412-9280
www.choicebuilder.com

Employer Change Request Form

E-mail Address: customerservice@choicebuilder.com

Company Name ☐

Group # B

☐ Change Address/Phone/Fax

(Complete this section only if you have a change)

☐ Check here if business, billing and mailing address are the same

Group's new **billing** address — Street / City / State / ZIP Code

Group's new **street** address — Street / City / State / ZIP Code

Group's new phone and/or fax # — Phone # (XXX) XXX-XXXX / Fax # (XXX) XXX-XXXX

☐ Change Name of Business/Tax I.D. Number

(Complete this section only if you have a change)

New **business name**

New **DBA Name**

New **CA Federal Tax ID #**

☐ Add/Change Contact

(Complete this section only if you have a change)

Only authorized contacts may obtain confidential information regarding the Group.

Primary Contact / Title/Position

Phone # (XXX) XXX-XXXX / E-mail Address

Additional Contact / Title/Position

Phone # (XXX) XXX-XXXX / E-mail Address

Please remove the contacts listed below as they are no longer authorized to obtain confidential information on the group:

Remove Contact / Title/Position

Remove Contact / Title/Position

THE FOLLOWING CHANGES CAN ONLY BE MADE ONCE A YEAR *(continued on next page)*

☐ Add/Change Life

(Changes allowed at Renewal only)

(Complete this section only if you have a change)

Employer is required to pay 100% of all premiums for eligible employees. Groups wishing to apply for Life amounts higher than the guaranteed issue amounts below must be medically underwritten. Please contact our Customer Service Center for more information. Refer to the requirement section.

☐ Add Life ☐ Change Life Amount

Select a flat amount for all employees Amount: $

Number of eligible employees

Guaranteed Issue Amounts

Eligible Employees	Minimum	Maximum
2-10	$10,000	$10,000
11-25	$10,000	$25,000
26-199	$10,000	$50,000

☐ Add/Change Chiropractic

(Changes allowed at Renewal only)

(Complete this section only if you have a change)

Refer to the requirement section.

Step 1 - Select a benefit ☐ Chiropractic ☐ Chiropractic/Acupuncture

Step 2 - Select type of contribution ☐ Employer Sponsored* ☐ Voluntary

**If Employer Sponsored, 100% of premium is paid by the employer and 100% participation is required.*

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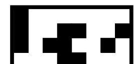

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Company Name

Group # B

THE FOLLOWING CHANGES CAN ONLY BE MADE ONCE A YEAR *(continued from previous page)*

☐ Add Section 125

Premium Only Plan - Complete this section only if you want P.O.P. - CONEXIS Benefit Administrators, a division of WageWorks.

Note: A one-time $100 enrollment fee must be submitted.

Name of Company President, Principal, or Partners

State of Incorporation (if applicable)

Name of Corporate Secretary (if applicable)

Plan Number (usually 501)

Premium payments may be elected for ☐ Medical ☐ Dental ☐ Vision ☐ Other:

Last day of first plan year (MM/DD/YYYY) (Usually 12 months after the effective date; subsequent plan years will be the 12 month period following this date)

Participation Limitations: P.O.P rules require that all participants in the plan be employees. Please be advised that 2% (or greater) shareholders in an S-Corporation, Sole Proprietors in a Sole Proprietorship and Partners in a Partnership are not considered employees as defined by Tax Code, and therefore, are ineligible to participate in the P.O.P.
Important: Read the information provided in your Choice Builder® Quote pertaining to the Section 125 Premium Only Plan and tax consequences.

☐ Change Dental (Changes allowed at Renewal only)

(Complete this section only if you have a change)

Refer to the requirement section. Waiting period may apply with carrier change. Delta Dental DHMO must be offered along with one PPO.

Step 1 - Select a carrier ☐ Ameritas ☐ Anthem Blue Cross ☐ Delta Dental PPO ☐ MetLife

Step 2 - Select type of contribution ☐ Employer Sponsored* ☐ Voluntary

** Complete Step 3 - Employer must pay a minimum of 50% of each employees lowest cost plan*

Step 3 - Select ONE option

Option 1 - Percentage of Cost

Enter the percentage to contribute for each employee:

% For Employees (minimum contribution is 50%)

% For Dependents (no minimum)

☐ Highest - Cost Plan ☐ Lowest - Cost Plan
☐ Highest - Cost DHMO Plan ☐ Lowest - Cost DHMO Plan
☐ Highest - Cost PPO Plan ☐ Lowest - Cost PPO Plan
☐ Plan Selected by Employee ☐ Specific Plan ____________

Option 2 - Fixed Dollar Amount

Enter the dollar amount to contribute for each employee:
(must be at least 50% of the lowest cost plan for each employee)

$ ______ for Employee

$ ______ for Dependents (no minimum)

OR

$ ______ for Employee with remainder to Dependents

☐ Orthodontia (Changes allowed at Renewal only)

(Complete this section only if you have a change)

Waiting period may apply. Available with PPO carrier. Ameritas requires 5+ eligible to enroll. Anthem Blue Cross requires 10+ eligible employees (Employer Sponsored only). Delta Dental PPO (Employer Sponsored) requires 10+ enrolled employees. Delta Dental PPO (Voluntary) requires 25+ employees. MetLife requires 10+ eligible employees with 5+ enrolled.

☐ Add Orthodontia ☐ Cancel Orthodontia

☐ Add/Change Vision (Changes allowed at Renewal only)

(Complete this section only if you have a change)

Refer to the requirement section.

Step 1 - Select a carrier ☐ EyeMed (provided by Ameritas) ☐ VSP

Step 2 - Select type of contribution ☐ Employer Sponsored* ☐ Voluntary

** Complete Step 3 - Employer must pay a minimum of 50% of each employees lowest cost plan*

Step 3 - Select ONE option

Option 1 - Percentage of Cost

Enter the percentage to contribute for each employee:

% For Employees (minimum contribution is 50%)

% For Dependents (no minimum)

☐ Highest - Cost Plan ☐ Lowest - Cost Plan
☐ Plan Selected by Employee ☐ Specific Plan ____________

Option 2 - Fixed Dollar Amount

Enter the dollar amount to contribute for each employee:
(must be at least 50% of the lowest cost plan for each employee)

$ ______ for Employee

$ ______ for Dependents (no minimum)

OR

$ ______ for Employee with remainder to Dependents

☐ Change Hours of Eligibility (Renewal only)

(Complete this section only if you have a change)

Coverage must be extended to all employees working the number of hours per week considered to be eligible. Refer to requirement section for additional information.

Eligible employees must work the following number of hours to qualify: ☐ 20+ hours per week ☐ 30+ hours per week

☐ Change Waiting Period to First of the Month Following (Renewal only)

(Complete this section only if you have a change)

All employees currently in the waiting period must either enroll at Renewal or be subject to the new waiting period selected.

☐ Date of Hire ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days

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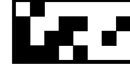

RENEWAL CHANGE REQUIREMENTS:	
Change from Employer Sponsored to Voluntary Dental	• Available to groups with 10+ eligible employees • 5 or more eligible employees must participate • Current quarterly/annual wage report or payroll may be requested if less than 10 enrolling • Employer contribution not applicable
Change from Voluntary to Employer Sponsored Dental or Vision	• Current quarterly/annual wage report or payroll may be requested • 100% participation required for employer size of 2 eligible employees or sole proprietor with 1 employee • 70% participation required for employer size of 3-199 employees (participation based on eligible employees) • Employer must pay at least 50% of the lowest cost plan for all employees • When employer contribution is 100%, employees cannot waive due to cost or individual coverage. Employees waiving due to other group coverage will be counted to determine 70% participation requirement.
Add Orthodontia Coverage	• Orthodontia available with PPO Carriers (Note: Ameritas Orthodontia only available to groups with 5 or more eligible employees. Anthem Blue Cross Orthodontia only available to groups with 10 or more eligible employees (Employer Sponsored only). Delta Dental Orthodontia only available to groups with 10 or more enrolled employees for Employer Sponsored and 25 or more employees for Voluntary). MetLife Orthodontia only available to groups with 10 or more eligible employees with 5 or more enrolled. • 12 month waiting period applies (Ameritas (Employer Sponsored and Voluntary), Delta Dental (Voluntary Only) and MetLife (Voluntary Only)).
Change from Employer Sponsored to Voluntary Vision	• No minimum participation • Employer contribution not applicable
Change from Voluntary to Employer Sponsored Chiropractic/Acupuncture	• 100% participation required (based on eligible employees) • Employer must pay 100% of the premium
Change from Employer Sponsored Chiropractic/Acupuncture to Voluntary	• No minimum participation • Employer contribution not applicable
Add Life Coverage	• 100% participation required (based on eligible employees) • Employer must pay 100% of premium • Employer may select life amounts in increments of $5,000 • A reconciled quarterly/annual wage report may be requested with all employees accounted for (i.e. E=eligible, PT=part-time, T=terminated, S=seasonal, etc.)

ADDITIONAL TERMS & CONDITIONS TO THE CHOICE BUILDER® WELFARE BENEFIT INSURANCE TRUST MASTER APPLICATION

1. Participation. The employer or employee organization (as described in sections 3(4) or 3(5) of ERISA, respectively) named in the Master Application ("**Participating Employer**") hereby adopts as a participating employer the Choice Builder Welfare Benefit Insurance Trust (the "**Trust**"), as set forth in the instrument(s) creating such Trust (the "**Trust Agreement**"). Such action shall be effective on the date shown below with respect to the sub-trust first named below that the Participating Employer is eligible to adopt in accordance with the terms of the Trust.

   (a) Master Trust
   (b) Industry Sub-Trust
   (c) Single Employer Sub-Trust

2. Ratification of Trust Agreement. Participating Employer hereby ratifies, accepts and agrees to be bound by all of the provisions of the Trust Agreement as amended from time to time, a copy of which has been made available to it.

3. Acceptance of Trustee and Administrator. Participating Employer hereby accepts the trustee and administrator named in the Trust Agreement as the trustee and administrator of the Trust (the "**Trustee and Administrator**") with all of the rights, powers and responsibilities set forth in the Trust Agreement and agrees to be bound by and ratifies the actions heretofore or hereafter taken by the Trustee and Administrator in accordance with the terms of the Trust Agreement.

4. Trustee's Action. Participating Employer acknowledges and agrees that its request to participate in the Trust pursuant to this Request for Participation shall not be effective until accepted by the Trustee in accordance with the terms of the Trust Agreement. Trustee hereby represents that, before this Request for Participation was entered into, all information described in Paragraph 9 hereof was provided to the fiduciary of the Participating Employer with the authority to enter the Participating Employer into the Trust (the "**Responsible Plan Fiduciary**").

5. Benefits Subject to Provisions of Insurance Policies. Participating Employer agrees to be bound by the terms and conditions of the Trust Policies (as defined in the Trust Agreement) under which its employees become covered and agrees to pay all premiums required by the provisions of the Trust Policies for the coverage's it purchases. Participating Employer understands that the insurance coverage's it elects to purchase hereunder may terminate or lapse if such premiums are not paid when required by the provisions of the Trust Policies.

6. Assignment to Applicable Trust. Participating Employer agrees that the Trustee may assign or cause it to be assigned to any sub-trust under the Trust for which the Participating Employer is eligible at the time of this request. The Participating Employer acknowledges that it has indicated its proper Standard Industry Classification Code below to facilitate such assignment and that the Trustee may assign or cause it to be assigned to a different sub-trust under the Trust for which it becomes eligible in the future, should the Trustee deem this advisable.

7. Establishment of Plan; Designation of Claims Administrator. Participating Employer agrees that, by adopting this Trust, it is establishing an employee welfare benefit plan (the "**Plan**") in accordance with the Employee Retirement Security Act of 1974, as amended ("**ERISA**") to provide its eligible employees with the insurance benefits provided by the Policies. Participating Employer further agrees that it will communicate the terms of the Plan to all eligible employees, and will maintain such Plan in full force and effect so long as any employee remains eligible for such insurance benefits. Participating Employer hereby designates, in accordance with Section 503 of ERISA, the Carrier issuing a Policy as the named fiduciary under the Plan with complete and discretionary authority to review all denied claims for insurance benefits under such Policy and to construe disputed or doubtful Policy terms with respect to such insurance benefits, and that such Carrier shall be deemed to properly exercise such authority unless it abuses its discretion by acting arbitrarily and capriciously.

8. Disclosure of Fees and Conflicts of Interest. Notwithstanding anything herein to the contrary, this Request for Participation shall not become effective until the Trustee, to the best of its knowledge, provides or causes to be provided to the Responsible Plan Fiduciary the following disclosures or such other disclosures as may be required by ERISA:

   (a) All services to be provided by the Trustee or any of its affiliates (collectively, the "**Service Providers**") pursuant to the Trust Agreement, this Request for Participation and any other agreements or arrangements related to the provision of benefits by the Trust or Policies (collectively, the "**Service Agreements**"), the compensation or fees (including, gifts, awards, or trips received, or to be received, from any source on account of the Service Provider's position with the Plan) for such services, and the manner of receipt of such compensation. Such disclosure shall provide a description of the manner of receipt of compensation or fees and shall state whether the Service Providers will bill the Participating Employer, deduct fees directly from the Plan accounts, or reflect a charge against the Plan investment. Such disclosure will also describe how any prepaid fees will be calculated and refunded when Participating Employer withdraws from the Plan.
   (b) Whether any Service Provider will provide any services to the Plan as a fiduciary either within the meaning of Section 3(21) of ERISA or under the Investment Advisers Act of 1940.
   (c) Whether any Service Provider expects to participate in, or otherwise acquire a financial or other interest in, any transaction to be entered into by the Plan and, if so, a description of the transaction and the Service Provider's participation or interest therein.
   (d) Whether any Service Provider has any material financial, referral, or other relationship or arrangement with a money manager, broker, other client of the Service Provider, other service provider to the Plan, or any other entity that creates or may create a conflict of interest for the Service Provider in performing services to the Plan and, if so, a description of such relationship or arrangement.
   (e) Whether any Service Provider will be able to affect its own or another Service Provider's compensation or fees, from whatever source, without the prior approval of an independent fiduciary of the Plan, in connection with the provision of services to the Plan (for example, as a result of incentive, performance-based, float, or other contingent compensation) and, if so, a description of the nature of such compensation.
   (f) Whether any Service Provider has any policies or procedures that (i) address actual or potential conflicts of interest or (ii) are designed to prevent either compensation or fees or any other business ventures or relations that may be entered into between the Plan and a Service Provider, from adversely affecting a Service Provider's ability to provide services under the Service Agreements, and, if so, an explanation of these policies or procedures and how they address such conflicts of interest or prevent an adverse effect on the provision of services.

The Trustee shall disclose or cause to be disclosed to the Responsible Plan Fiduciary any material change to the information disclosed above not later than 30 days from the date on which the Service Provider acquires knowledge of the material change. The Trustee shall also disclose or cause to be disclosed all information related to the Service Agreements and any compensation or fees received there under that is requested by the Responsible Plan Fiduciary or administrator of the Plan in order to comply with the reporting and disclosure requirements of Title I of ERISA and the regulations, forms, and schedules issued there under.

Acknowledgment: Person signing form must be an authorized contact on record for Choice Builder.

Authorized Group Contact Signature	Print Name	Date (MM/DD/YYYY)
X		

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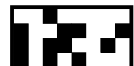

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