

****OFF ANNIVERSARY**** Changes below may be made at any time, once a year

<input type="checkbox"/> E. ADD CHIROPPLUS	<input type="checkbox"/> Chiropractic Only <input type="checkbox"/> Chiro & Acupuncture
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<input type="checkbox"/> F. ADD SECTION 125	
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A one time \$100 Enrollment Fee must be submitted if enrolling during Renewal or 90 days following (increases to \$250 if elected after 90 days following Renewal)

1. Name of Company President, Principal, or Partners: _____
2. Name of Corporate Secretary: (if applicable) _____
3. Plan Number: _____(usually 501)
4. State of Incorporation (if applicable): _____
5. Company Structure:
 Corporation S Corporation Partnership Sole Proprietorship LLC Other _____
6. Premium payments may be elected for: Medical Dental Other: _____
7. Last day of first Plan year: ____ / ____ / ____ Usually 12 months after the effective date of coverage; subsequent plan years will be the 12 month period following this date.

Participation Limitations

Section 125 Premium Only Plan rules require that all participants 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.

IMPORTANT Read the information provided in the CaliforniaChoice **51+** Employer Optional Benefits Guide pertaining to the Section 125 Premium Only Plan and the tax consequences.

<input type="checkbox"/> G. ADD LIFE INSURANCE	
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Requirements:

1. 100% of eligible employees must participate. An Employee Enrollment Application (Form PL 0310) must be submitted by each employee with Sections A, D & G completed.
2. A reconciled current quarter DE6 must be submitted with all employees accounted for (i.e., eligible, part-time, terminated, seasonal)

Group Size	Life Amounts Available
51-74	\$10,000 - \$50,0000
75-99	\$10,000 - \$75,0000
100-124	\$10,000 - \$100,0000
125-149	\$10,000 - \$125,0000
150-199	\$10,000 - \$200,0000

Groups wishing to apply for life amounts higher than those listed must be medically underwritten. Please contact our Customer Service Center for additional information.

3. Select a Life amount: _____

<input type="checkbox"/> H. ADD DENTAL 100	Effective date is the 1st day of the month following request
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<input type="checkbox"/> I. ADD BUY-UP DENTAL	Complete the Buy-up Dental Application (Form PL 0566)
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<input type="checkbox"/> J. ADD VOLUNTARY VISION	Complete the Voluntary Vision Application (Form PL 0285)
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***Login to www.calchoiceplus.com to download forms and brochures**

Group Name

Date

Group Plan Administrator Signature

Print Name