

Conditions of Enrollment for Employer Groups Offering Seasonal Coverage



Date of application	Name of employer group
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EMPLOYER'S STATEMENTS

- I certify that seasonal employees of this company work a minimum of 30 hours per week, for at least 3 months, but not more than 9 months, during the calendar year.
- I certify, as a company officer/partner/proprietor, that all seasonal employees will be deleted from the group health plan at the end of their employment contract and/or during periods of non-duty/non-pay.
- I understand and agree that seasonal employees who are placed in a non-duty/non-pay status will be advised of continuation coverage options and may elect to enroll in Cal-COBRA, COBRA, HIPAA or Convention, as applicable, providing the individual meets the criteria for such coverage.
- I have included a letter which reflects the names for all returning seasonal employees from the last peak season as well as newly hired employees that will be working this peak season. Each seasonal employee's hourly wage and anticipated weekly hours to be worked have been listed. I understand that a DE-6 from the last peak season may be requested during the underwriting process.
- The peak season(s) for my company is/are (please provide as many seasonal periods as apply):

FROM:		TO:	

By signing below, I agree to the above conditions of enrollment in addition to all other terms, limitations and conditions of the *Group Benefit Agreement/Group Insurance Policy*.

Company officer signature	Title
X	
Company officer printed name	Date