

Group Eligibility Recertification Checklist of Requirements

Requirement 1

- Have an Owner/Officer of the company sign the enclosed Employer Notification Response Required Letter.

Requirement 2

- Submit a copy of the most currently filed DE6 or Quarterly Wage Report (with no alterations) with a status code written next to each employee's name (See table below for status codes).

Employee Description	Status Code	Eligible to enroll?
1099 (independent contractor)	1099	No
Enrolled or Enrolling	E	Yes – applications required for those not yet enrolled
Part-time	PT	No
Seasonal	S	No
Temporary	TP	No
Per Diem	PD	No
Union	U	No
Terminated	T	No
Waiving for individual policy or cost	WI	Yes
Waiving for other group coverage (spousal coverage or any government sponsored plan)	WG	Yes
In Waiting Period	WP (full-time date of hire)	Yes if waived for all employees

Requirement 3

- Submit the group's current payroll ledger for newly hired employee(s) not listed on the DE6. Use the above status codes and write next to each employee's name.

Company Name			
Employee Names XXXXXXXXXXXX	Social Security # XXX-XX-XXXX	Employee Wages \$XXXX.XX	Employee Withholdings \$XX.XX
		Wage Totals	Withholding Totals
			Run Date

Requirement 4

Owners/Partners enrolling and not listed on the DE6 or listed with less than the current minimum wage must provide the following items:

- Signed Owner/Partner Statement (enclosed)
- Owner/Partner's business tax filing (with no alterations) for the preceding calendar year as applicable to the company structure shown in the table below:

Corporation	S Corporation	Partnership/ Limited Liability Partnership (LLP)	Limited Liability Company (LLC)	Sole Proprietorship	Clergy/ Non Profit
<ul style="list-style-type: none"> • 1120 Schedule E 	<ul style="list-style-type: none"> • 1065 K-1 • 1120 S K-1 	<ul style="list-style-type: none"> • 1065 K-1 	<ul style="list-style-type: none"> • 1065 K-1 • LLC Form 568 	<ul style="list-style-type: none"> • 1040 Schedule C (only 1 owner can qualify) 	<ul style="list-style-type: none"> • W2 and • 4361 Exemption from Self Employment Tax (if not already on file)

Should you have any questions, please feel free to contact our Recertification Department at 1-800-580-9626.

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Requirement 5

- Verify that all employees/owners enrolling are actively at work for 20+ or 30+ hours (as elected by the Employer for entire group) and earn at least a minimum wage salary as shown in the table below.

Current Minimum Wage	X 20 or 30 hours	X 13 weeks (1 quarter)	= total salary required for eligibility
\$8.00	X 20	X 13 weeks	\$2,080.00
\$8.00	X 30	X 13 weeks	\$3,120.00

Requirement 6

- Verify that 70% of eligible owners/employees have enrolled for medical coverage.

CALCULATE BELOW

A	Provide total # of eligible employees/owners (enrolling or waiving)	
B	Provide total # of employees/owners waiving for other group coverage	
C	Provide total # of employees/owners enrolling for medical coverage	

EMPLOYER CONTRIBUTION IS LESS THAN 100% OR A FIXED \$ AMOUNT

$\frac{\quad}{A}$	-	$\frac{\quad}{B}$	=	$\frac{\quad}{X}$	THEN	$\frac{\quad}{C}$	÷	$\frac{\quad}{X}$	=	$\frac{\quad}{\quad}$	%
										Participation	

EMPLOYER CONTRIBUTION IS 100%

$\frac{\quad}{C}$	÷	$\frac{\quad}{A}$	=	$\frac{\quad}{\quad}$	%
				Participation	

Requirement 7

Does your group have any out-of-state affiliations? YES NO - If YES, complete the following:

- Confirm group has a physical office located in California and is not a P.O. box or home residence.
- Confirm that 51+% of eligible employees/owners work or reside in California.
- Submit a current quarterly wage report for each state with employees (to include all employees in that state).

Requirement 8

Are you submitting multiple DE6's? YES NO - If YES, complete the following:

- Verify that all groups enrolling have or will file taxes jointly.
- Verify each company enrolling shares a minimum of 50% common ownership.
- Verify each company enrolling has a related industry.
- Verify the total number of eligible employees for all groups combined does not exceed 50 (unless SB578 qualified).
- Complete the Common Ownership Statement (if not already on file).

Requirement 9

Does your group offer a separate medical plan through your company? YES NO - If YES, complete the following:

- Submit a copy of the other carrier's Renewal Quote Cover Page.
- Understand employees are not eligible to enroll in PPO, POS, or Indemnity Plans.
- Understand Kaiser Permanente Choice Solution cannot be combined with a Kaiser direct plan.

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