

Late Submission Acknowledgment

Group Name: _____

Requested Effective Date: _____

Subject: **CaliforniaChoice Health Insurance Late Enrollment**

Dear Employer,

Thank you for submitting your application to CaliforniaChoice. We will work expediently to approve your coverage, however since your application was submitted past our standard deadline of the 3rd, the following items **will be delayed**:

- **Notification of coverage approval**
- **Members appearing in the health plan's system**
- **I.D. cards**

Furthermore, once your coverage is approved, the effective date may not be changed.

Upon approval, members or member's physician may contact our Member Services Department at (800) 558-8003 to verify eligibility.

Temporary I.D. cards will be mailed out within 7-10 business days of approval. These cards may be used until permanent I.D. cards are received from the health plan.

Please sign below acknowledging you have been informed of the above. Thank you.

Employer Print Name

Title

Employer's Signature

Date

Broker Print Name

Date

Broker's Signature