Conditions of Enrollment
Start-Up Companies/PEO Spin-Off Groups

Small Group Services
newsguwca@anthem.com

Company name

Part A: Start-up companies

I agree that if, after review, Anthem Blue Cross (Anthem) or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.

I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the *Group Benefit Agreement* and/or *Group Contract* in the "Obligations of Employers" section.

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* and/or *Group Contract*.

Company officer signature **X**	Company officer name (please print)
Company officer title	Date (MMDDYYYY)

Part B: PEO spin-off groups

I certify that the company has canceled its contract with the PEO effective: (MMDDYYYY)

I agree that if, after review, Anthem or its affiliates offers my group coverage, I will provide the company's first 30 days' complete payroll records for all employees within 45 days of the effective date.

I understand that Anthem or its affiliates reserve the right to not renew coverage for my group if it does not meet Anthem's criteria as outlined in the *Group Benefit Agreement* and/or *Group Contract* in the "Obligations of Employers" section.

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* and/or *Group Contract*.

Company officer signature **X**	Company officer name (please print)
Company officer title	Date (MMDDYYYY)

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