



# SMALL GROUP REMITTANCE SCHEDULE

TO BE RETURNED WITH CHECK AND COPY OF BILLING.  
PLEASE DO NOT SEND PREMIUM FOR NEW ENROLLEES.

DATE DUE: \_\_\_\_\_

|  |            |  |      |
|--|------------|--|------|
| GROUP NO.  | GROUP NAME | BILLED AMOUNT  | \$   |
| <b>USE THIS FORM TO REPORT:</b><br><ul style="list-style-type: none"> <li>• Notification of termination of employees and/or dependents.</li> <li>• COBRA/Cal-COBRA notifications:               <ul style="list-style-type: none"> <li>– COBRA applies if your group has 20 or more employees.</li> <li>– Cal-COBRA applies if your group has less than 20 full- and part-time employees.</li> </ul> </li> </ul> |            | Section 1 Total  | \$   |
|  |            | Section 2 Total  | \$   |
|  |            | <b>TOTAL Section 1 &amp; 2</b><br><i>(Subtract from Billed Amount)</i> | – \$ |
|  |            | <b>Enter Amount Paid</b>   | = \$ |

## SECTION 1: EMPLOYEES WHO REMAIN EMPLOYED BY THE GROUP AND ARE CANCELLING COVERAGE

Employees cancelling coverage for themselves or their dependent(s) MUST complete Section 2 and 4 of the Employee Application in compliance with California State Law AB 1672. In order to be deleted, attach the completed Application declining coverage to this Remittance.

| Certificate No.          | Check one                |                          | Name of Employee and/or Dependent(s)<br><i>(Last Name, First Name)</i> | Coverage to be Deleted   |                          |                          | Reason for Cancellation | Cancellation Effective Date | Adjusted Billing Amount |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------|-----------------------------|-------------------------|
|                          | Employee                 | Dependent                |  | Medical                  | Dental                   | Life                     |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                             |                         |
| <b>SECTION 1 TOTAL ►</b> |                          |                          |  |                          |                          |                          |                         |                             |                         |

## SECTION 2: TERMINATED EMPLOYEES

Deletions will be processed upon receipt of notice and are effective on the last day of the month following the termination date. Retroactive cancellations are not allowed.

| Certificate No.          | Name<br><i>(Last Name, First Name)</i> | Termination Date | Cal-COBRA Eligible       |                          | Cal-COBRA Qualifying Event | Start COBRA Coverage     |                          | Adjusted Billing Amount |
|--------------------------|--|------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|-------------------------|
|                          |  |                  | Yes                      | No                       |                            | Yes                      | No                       |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
|                          |  |                  | <input type="checkbox"/> | <input type="checkbox"/> |                            | <input type="checkbox"/> | <input type="checkbox"/> |                         |
| <b>SECTION 2 TOTAL ►</b> |  |                  |                          |                          |                            |                          |                          |                         |

|                               |                       |
|-------------------------------|-----------------------|
| NAME OF PERSON PREPARING BILL | PHONE NO.<br>(      ) |
|-------------------------------|-----------------------|