

Small Group Enrollment Checklist (1-50)

1. _____ **Group Information Form**- Must be completed and signed by the Employer Group.

2. _____ **Tax Returns and Business Documentation**- a copy of the most recent quarterly **NYS45-ATT**. Please make notations including eligible employees (those working a minimum of 20hrs) and ineligible employees (part0time employees working fewer than 20 hrs per week, seasonal employees and other persons not eligible for health ins.)

Note: For new businesses that have not filed their first **NYS45-ATT**, copies of the **W-4** may be substituted.

3. _____ If you are submitting enrollment applications for partners or business owners not listed on the **NYS45-ATT**, then please submit the following:

- Partnerships: a copy of the most recent 1065-K1 forms for all partners
- Corporations: a copy of the most recent 1120C, 1120E or 1120S
- Charitable organizations: IRS form 990 is required, unless exempt from filing tax returns from the IRS, a copy of the exemption is then required

Note: If a 2+ business has been in operation less than one year, a copy of the DBA certificate, partnership certificate, certificate of incorporation or other similar tax documentation verifying the business is authentic.

4. _____ **Attestation Form** signed for any newly hired employees, owners, partners or retirees **not** listed on the **NYS45-ATT** and all sole proprietors.

5. _____ **Subscriber Application Form**- Must be completed and signed by the subscriber. Group number and Employer name and signature must be filled out.

6. _____ **Waiver of Group Coverage Form**- must be completed by all employees not taking coverage

7. _____ **Handicapped Dependent Form** (when applicable)

8. _____ Completed **Medicare** eligible/over 65 forms (when applicable).

9. _____ For **new** groups, a copy of group's first month premium check written on the business account.

10. _____ **Signed** Group Contract/ Rate Sheet (all pages to be returned)

11. _____ **Eligibility Policy** form