



Healthfirst Insurance Company, Inc.

# New Business Submission Checklist

Healthfirst Broker Service: 1-855-456-3668  
www.healthfirst.org

Group Name: \_\_\_\_\_

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Small Group Application
- Member Enrollment Forms (must coincide with # of enrollees on Group Application)
- Tax Documentation
  - Most recent NYS-45
  - If a C corp: Articles of incorporation, Form 1120 (line 13 is wages), and payroll documents
  - If an S corp: Articles of incorporation, Form 1120S (line 8 is wages), and payroll documents
  - If an LLC: LLC agreement, Form 1120, payroll documents
  - If a Partnership: K-1 or Form 1065 (line 9 is wages), payroll documents, and business license
  - If a Church: Form 941 (line 2 is wages) and payroll documents
  - Businesses less than one year old: Corporation or Partnership papers and payroll documents
- Waiver Forms (if applicable)
- Binder Payment (Initial Payment Authorization form, in the amount of the first month's premium)

Submitted by: \_\_\_\_\_

Signature of Authorized Employer Group Professional \_\_\_\_\_

Company \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Accepted by \_\_\_\_\_

Date \_\_\_\_\_