



Group Transmittal Sheet

Group Information				
Group Name			Group Number	
Address		City		State
Prepared By (Last Name, First Name)		Title		Date
Effective Date		Contact Number		

TO BE COMPLETED BY EMPLOYER

Terminations		Check Appropriate Box			Total # of Persons	Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or	Family		

Enrollments		Check Appropriate Box			Total # of Persons	Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or	Family		

Changes		Check Appropriate Box			Total # of Persons	Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or	Family		

Over →

"PRINT OR TYPE ALL INFORMATION"

333 Earle Ovington Blvd., Suite 300 ♦ Uniondale, New York 11553-3608 ♦ www.healthplex.com
 P 800-468-0608 ♦ F 516-227-0582

Monthly Billing Procedures

1. New Enrollees have effective dates on the first of the month. Terminations are effective as of the last day of the month.
2. Invoices will be sent by the 20th of the month for the following month's coverage. If you are billed for a subscriber who is being terminated, please pay the invoice as is and note the change on the transmittal form. Credit will be given to you on the following month's invoice.
3. This form along with an enrollment card should be used to inform us of new subscribers, coverage changes, (single to family, etc.) and Plan type changes (Comprehensive to Reimbursement, etc.). Terminations should also be noted on the form. Forms can be faxed to the attention of our Enrollment Department at 516-227-0582.
4. If you have any questions about an invoice, please call us at 1-800-468-0608.