



Group Enrollment Administrative Checklist

Group Name: _____

Requested Effective Date: ____/____/____

The following forms must be submitted to enroll a group. For January 1st, 2014 effective dates, there are no participation requirements, and no waivers will be required.

- ☐ Small Group Contact Form
- ☐ Group Contract (signed by group principle)
- ☐ Schedule A, one (1) copy for each plan selection
- ☐ Member Enrollment Forms (must coincide with # of enrollees on Group Application)
- ☐ Tax Documentation (e.g. NYS 45) Please note on the NYS 45 which employees are full-time, part-time, and/or terminated.
- ☐ Waiver Forms (if applicable)
- ☐ Domestic Partner Affidavit (if applicable)
- ☐ Binder Payment: A company check in the amount of the first month's premium made out to:

Health Republic Insurance of New York

Binder Check Amount: \$ _____

Binder Check: # _____

Please submit all documentation to:

Health Republic Insurance of New York
30 Broad Street-34th Floor
New York, NY 10004

Must be **received** by the 25th of the month prior to the group's requested effective date.