

Employer Name:		Type of Industry:	
Address:		City:	State: NY Zip:
Tel:	Fax:	Employer Contact:	
E-MAIL:			
New Employee Waiting Period: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other _____		Date of Hire _____	
(the First of the Month Following)			

The LIA Health Alliance agrees to provide the administrative services to the Employer as outlined in the Administration Guide. The Employer agrees to follow the policies and procedures outlined in the Administration Guide. The Employer acknowledges and represents that it understands that the LIA Health Alliance is not providing health, dental or supplemental insurance and that the insurers are providing the insurance products offered through the LIA Health Alliance.

The Employer further acknowledges and represents that it understands that the LIA Health Alliance is not providing a vision discount program, and that Davis Vision is providing the vision discount program offered through the LIA Health Alliance. **There is an annual billing fee of \$95.00 which must be included with the first month's premium.**

PLEASE SELECT A TIER FOR EACH INSURER:

	Two Tier	Three Tier	Four/Five Tier
Atlantis	<input type="checkbox"/>		<input type="checkbox"/>
EMBLEM	<input type="checkbox"/>		<input type="checkbox"/>
HIP & HIP/Vytra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP/Vytra SmartStart		<input type="checkbox"/>	
PerfectHealth			<input type="checkbox"/>

Supplemental Insurance <input type="checkbox"/> Colonial Medical Bridge

Dental Insurance <input type="checkbox"/> GHI <input type="checkbox"/> United Concordia

COBRA Administration <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 125 <input type="checkbox"/> \$300 setup charge. Make check payable to HSP.

This agreement shall take effect on _____ 01, 2009, upon receipt of the first month's premium and the annual billing fee. Health insurance effective dates are based on ^{month} guidelines outlined in the Administration Guide. This agreement is delivered in and governed by the internal laws of the State of New York.

By signing this agreement, I hereby acknowledge that I understand the above; I also hereby acknowledge and agree that the enrollment information provided (including tax documentation) is complete and true. I also understand that the information provided forms the basis upon which health insurance will be made available. I understand, further, that omissions, misrepresentations, and misstatements about the employer information, employment history and employee data could result in termination of group insurance and denial of claims. I also agree to make additional documentation available (on request) to validate the enrollment and eligibility data.

Print Name/Title:	Date:
Employer Signature:	TAX ID #:

Broker Name: _____	Tel: _____
Broker License #: _____	BROKER E-MAIL: _____
GA: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of GA: _____ <i>Broker must complete this section. If this is a first submission to the LIAHA, please complete the Broker Registration on the reverse side.</i>	

ALLIANCE USE ONLY

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Total Eligible Employees: _____

LIA Health Alliance[®]
Consumer Directed Health Insurance[™]

This agreement enrolls this company in the Long Island Association (LIA) with the following expansive membership benefits:

1. Access to new LIA recession-directed networking programs:
 - a. Speed networking events, 4 times per year.
 - b. Networking Partnership Councils, 8 to 12 meetings per year.
2. Listing in the LIA Membership Directory.
3. Listing on the LIA Web Site Directory.
4. Listing in the LIA web site sub-directories for specific businesses (i.e., relocation services list).
5. Access to “Member to Member Savings” advertising area of LIA web site.
6. Membership on all LIA committees.
7. Economic consultation at member rates.
8. Business improvement consultation at member rates.
9. 5 attendees free at LIA seminars.
10. Access to LIA affinity programs at member rates.
11. Business referrals.
12. LIA membership lists at member price.