

New Business Checklist:

- ___ Completed Employee Enrollment Form.
- ___ Employer Agreement / Broker Registration Form.
- ___ Copy of Prior Insurer Termination Letter.
(Necessary only if the Prior Insurer is in the Alliance).
- ___ Business Check for One Months' Premium.
Plus the Annual \$95 Billing Fee; made payable to the LIA Health Alliance.
- ___ Employees that enroll in Atlantis must live or work in Manhattan, Brooklyn, Queens, Bronx or Staten Island.
- ___ GHI PPO requires 50% participation in GHI products (class/carve outs allowed).
- ___ HSA Set-up form for Consumer Driven Benefit Plans.

Additional Documentation Requirements for all Groups:

- Existing Business: ___ The most recently filed, signed NYS-45 Form
- New Business: ___ Business Certificate and a W-4 for each employee.
- Partnership: ___ Two signed Schedule K-1's (Form 1065 or 1120S)
Two pages for each partner; if both partners do not draw salary a NYS-45 must also be submitted.
- Proprietorship: ___ Schedule C & Schedule SE and a NYS-45.
- Atlantis 1099's: ___ Atlantis accepts 1099's. Documentation must show a 6 month minimum employment with a \$15,000 minimum salary. Groups must have a minimum of two eligible employees.

Ancillary Requirements:

- **Section 125 POP:**
 - Check for \$300 payable to NEBCO
- **United Concordia (UCCI):**
 - United Concordia Application for Group Dental Insurance
 - LIAHA Enrollment Forms with the dental selection box checked
 - UCCI Dental premium should be included with the health premium in one check payable to the LIA Health Alliance
 - NYS-45
- **GHI Dental:**
 - LIAHA Employer Agreement
 - LIAHA Enrollment Form
 - NYS-45
 - Check for one month's premium made out to GHI
 - Signed copy of the quote
- **Healthplex:**
 - Healthplex Group Application
 - Enrollment cards for all enrollees
 - Check made out to Healthplex for one month's premium
 - Group must be submitted to the LIA Health Alliance Enrollment Processing Center by the 13th of the month prior to the effective date

Please note that all groups are subject to Underwriting Tax Review

Submit to your General Agent or:

**The LIA Health Alliance Enrollment Processing Center
1717 Veterans Memorial Highway, Suite 4
Islandia, NY 11749
1-800-LIA-5513**