

**2013 Required Documentation for New Business**  
**Small Group (2-50 employees)**

**New Business Checklist:**

- \_\_\_ Employer Agreement
  - \_\_\_ Employee Enrollment Form(s) for each employee enrolling
  - \_\_\_ Copy of Prior Insurer Termination Letter (needed only if the Prior Insurer is in the Health Alliance).
  - \_\_\_ All Groups must have a Federal Employer Identification Number (EIN) and New York State worksite address.
  - \_\_\_ Must be actively in business with a street address in Nassau, Suffolk, New York City, Brooklyn, Queens, Bronx, Staten Island, Westchester or Rockland counties. Street addresses must be provided even for worksites with post office box listings.
  - \_\_\_ Employees that enroll in Easy Choice must live or work in Manhattan, Brooklyn, Queens, Bronx or Staten Island.
  - \_\_\_ Emblem Health Benefit Waiver form(s) if applicable for groups selecting Emblem plans.
  - \_\_\_ Copy of most recent carrier invoice if applicable for groups selecting Emblem plans.
  - \_\_\_ HSA Set-up form for Consumer Driven Benefit Plans
  - \_\_\_ A Business Check with one month premium plus \$10 first monthly billing fee.
  - \_\_\_ Broker Registration form and copy of current License (needed only with first group submission or to change GA).
- \*\*\* Emblem new business must be submitted 30 days prior to requested effective date. \*\*\***

**Required Tax Documentation:**

- |                        |     |  |
|------------------------|-----|--|
| Existing Business:     | ___ | Most recently filed, signed NYS-45 or NYS-45 ATT Form  |
| Partnership:           | ___ | Two signed Schedule K-1's (Form 1065 or 1120S).<br>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.   |
| 1099's:                | ___ | Only accepted for Easy Choice employer groups with 2 or more eligible employees.<br>Documentation must show a 6 month minimum employment with a \$15,000 minimum salary. |
| Newly Formed Business: | ___ | Letter of Certification from group's attorney or CPA.  |
|                        | ___ | Articles of Incorporation issued by NYS or Business Certificate issued by NYS.   |
|                        | ___ | Acceptable payroll record for each employee (i.e. W4s)   |

**Ancillary Requirements:**

- **United Concordia (UCCI Dental):**
  - 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.
- **Guardian (All Products):**
  - LIAHA Employer Agreement.
  - LIAHA Enrollment Form(s) with appropriate selection box checked.
  - NYS-45.
  - Check for one month's premium made out to LIA Health Alliance.

**Please see carrier Small Group Underwriting Guidelines for more detailed information.**  
**(Available on our website at [www.liahealthalliance.com](http://www.liahealthalliance.com))**

**Submit to your General Agent or:**  
**LIA Health Alliance**  
**Enrollment Processing Center – Small Group**  
**300 Broadhollow Road - Suite 110W**  
**Melville, NY 11747**  
**1-800-542-5513**