



2013 Required Documentation for Sole Proprietors

New Business & Renewal

Enrollment must be received by the LIAHA Processing Center no later than the day before the effective date.

GHI Documentation:

- LIAHA Sole Proprietor Agreement.
- GHI Enrollment Form.
- Tax Documentation, must provide **TWO** of the following: A Schedule C, form 1120-S, or form 1065 with a Schedule K1, CT-4-S NYS Corp. Franchise Tax Return- short form for small business, Schedule F-Profit and Loss from Farming, current signed NYS-45 or NYS-45-ATT form, Articles of Incorporation or Certificate to Do Business, Signed copy of the most recent Schedule SE- Self employment Tax Form.
- Letter of Certification is recommended. (Required if only one of the above-listed tax documents is not available.
- A signed copy of the full tax return for the most recent tax year with appropriate W2's.
- A Business Check.
- The check should include one month's premium, which includes a \$15 monthly administration fee, plus the LIAHA Sole Proprietor Annual Billing Fee of \$60.**

EASY CHOICE Required Documentation:

- LIAHA Sole Proprietor Agreement
- Easy Choice Enrollment Form
- Tax Documentation, must provide a Schedule C tax form, or another NY State tax document (NYS-45) showing a full-time annual minimum income of \$15,000.
- Must be actively in business with a street address in Manhattan, Brooklyn, Queens, Bronx or Staten Island.
- A CPA letter for a new business.
- Business Check, (if not available, a check in the name of the insured).
- The check should include one month's premium, which includes a \$15 monthly administration fee, plus the LIAHA Sole Proprietor Annual Billing Fee of \$60.**

Please note that all sole proprietors must submit current and complete tax documentation.

*Please see carrier Small Group Underwriting Guidelines for more detailed information.
(Available on our website: liahealthalliance.com)*

**Submit to your General Agent or:
LIA Health Alliance
300 Broadhollow Road
Suite 110W
Melville NY 11747
1-800-431-1290**