



NEW BUSINESS APPLICATION CHECKLIST

Name of Group _____

- _____ NY Health Alliance Employer Agreement
- _____ Check made payable to NY Health Alliance for the first month's premium **PLUS** the Billing fee of \$15.00
- _____ Fully completed NY Health Alliance Employee Enrollment Forms
 - _____ Marriage Certificate if spouse's last name is different
 - _____ Birth Certificate if dependents have a different last name
 - _____ Domestic Partner Attestation
 - _____ Other
- _____ Most recent Quarterly Wage & Tax Statement: NYS45
- _____ Tax documents needed if Quarterly Wage & Tax Statement is not required
- _____ Broker Registration Form, Broker License & copy of current E&O policy if new broker

Notes: