

## **2012 Required Documentation for Small Businesses (2-50 employees)**

### **New Business & Renewals**

#### **Required Documentation:**

- \_\_\_ 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).
- \_\_\_ 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 Atlantis must live or work in Manhattan, Brooklyn, Queens, Bronx or Staten Island.
- \_\_\_ Emblem Health Benefit Waiver form(s) if selecting Emblem plans.
- \_\_\_ A copy of most recent carrier invoice if selecting Emblem plans.
- \_\_\_ HSA Set-up form for Consumer Driven Benefit Plans.

#### **Required Tax Documentation Requirements for all Small Businesses:**

- Existing Business: \_\_\_ The most recently filed, signed NYS-45 or NYS-45 ATT Form
- 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.
- New 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 (UCCD):**
  - 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.
- **EMBLEM Dental:**
  - LIAHA Employer Agreement.
  - LIAHA Enrollment Form with dental selection box checked.
  - NYS-45.
  - Check for one month's premium made out to LIA Health Alliance.
  - Signed copy of the quote.

*Please note that all small businesses are required to submit current and complete tax documentation.*

*Please see carrier **Small Group Underwriting Guidelines** for more detailed information.*

*(Available on our website: [liahealthalliance.com](http://liahealthalliance.com))*

**Submit to your General Agent or:  
LIA Health Alliance  
Enrollment Processing Center – Small Group  
48 South Service Road - Suite 301  
Melville, NY 11747  
1-800-542-5513**