

Healthy NY New Group Enrollment Checklist

All forms listed should be completed in their entirety and signed by the authorized group contact or decision maker. Any missing or incomplete information may delay your group's implementation, as we will need to contact you.

☐ **Healthy NY New Group Application**

☐ **Proof of Payroll**

- NYS-45 – Most recent available quarter filed.
 - If an employee works outside of New York State, the quarterly payroll filing for the state they are working in.
- Each employee appearing on the NYS-45 must be noted as enrolling, waiving, not eligible or termed. Notations should be based on the employer's eligible class(es).
- Payroll – Only when NYS-45 is not available, an applicant does not appear on the NYS-45, or an applicant's wages do not support the minimum number of hours required to be eligible.
 - Employees working under 20 hours per week are ineligible.
- If an applicant does not appear on the NYS-45 or payroll, they must be listed on the New Group Application.

☐ **Most Recent Tax Documentation**

- Business tax documentation is required when:
 - Related entities exist.
 - Parent/subsidiary company relationships exist.
 - Owners/shareholders own multiple entities.
 - There are multiple business locations, company is fully remote, and/or HQ or physical location is questionable.
 - Ownership totaling 100% and commonly owned businesses must be listed in questions 9 and 10 respectively on the New Group Application.
 - S-Corp – Schedule K-1s for ALL owners from the most recent tax year.
 - C-Corp – Pages 1-3 of the most recent year's 1120 along with the Schedule G & 1125E.
 - Partnership – Schedule K-1s for ALL owners from the most recent tax year.
 - Sole Owner – Most recent year's Schedule C or Schedule F.
 - Non-Profit/Charitable Organizations – Pages 1-3 of the most recent year's Form 990. If exempt from filing, a copy of the IRS Exemption Notice must be provided.
 - Start-up Company operating less than one year must provide acceptable documents (for example: business certificate, articles of organization, operating agreement, receipt of Federal Tax ID number (SS-4) or similar documentation that the business is authentic). The SS-4 letter can suffice as proof of ownership if it states "Sole MBR".
 - If a tax extension was filed for the most recent year provide filed tax extension along with prior year's ownership tax documentation.
- If the group has 85 or more Full-Time Equivalents submit the most recently filed 1094-C (If page 3, part IV contains other entities, those entities 1094-C(s) must be provided as well).
- If the business is a start-up operating less than one year, please provide the following:
 - SS-4 and one of the following:
 - Business certificate, articles of incorporation, or operating agreement.

☐ **Subscriber Application Forms – Completed by the subscriber. Codes must match those on rate sheet.**

☐ **Rate Sheet(s) and Benefit Summary – Signed by group decision maker or authorized group contact.**

MISCELLANEOUS DOCUMENTATION REQUIRED WHEN APPLICABLE:

- ☐ Disabled Dependent Application (Disabled dependent child over age 26, must accompany subscriber's app).
- ☐ SHOP Eligibility Letter from NYS (for groups identifying as SHOP Qualified).

Univera Healthcare retains the right to request additional information for verification if conflicting information is found on public sources.