HealthPass Enrollment Checklist

Once a policy is in force, plan changes are not permitted for the duration of the contract period. Changes can only be made at the renewal for the next contract period.

Employer Notice of Election

- ❑ **Federal Tax ID #**
- ❑ **Company Address**
- ❑ **Contact**
- ❑ **Effective Date**
- ❑ **Waiting Period**
- ❑ **Definition of Full-Time Employee**
- ❑ **Employer Contribution**
- ❑ **Tier Structures**
- ❑ **Ancillary Options**
  - **Dental**
  - **Vision**
  - **EverGuard**
- ❑ **Employer Signature**
- ❑ **Payment Method**
- ❑ **Broker and GA Name or ID #**

Employer's Quarterly Wage & Tax Statement(s) (NYS-45)

- ❑ **OR: Other Applicable Tax Documentation (See Eligibility Guidelines)**
- ❑ **Most recent NYS45 - must be notated with the status of each employee as follows: PT - part-time; FT - full-time; T - no longer employed; U - union, S - seasonal.**

Check For First Month's Coverage

Must be a company check payable to **HealthPass**.
Groups enrolling on the 15th of the month must include payment for 1 1/2 months of coverage.

Employee Enrollment /Waiver Forms

Each eligible employee must fill out this form to enroll in, or waive coverage. Dependents not listed will not be covered.

- ❑ **Employee Name**
- ❑ **Social Security Number**
- ❑ **Date of Hire**
- ❑ **Hours Worked Per Week**
- ❑ **Employee Date of Birth**
- ❑ **All Dependent Info.** (incl. DOB and SS#)
- ❑ **Employee Plan Selections**
- ❑ **All Listed Data Fields**
- ❑ **Employee's Signature**
- ❑ **Signature of Authorized Company Representative**
- ❑ **Correct Form Version - Date on bottom of form to apply to current quarter.**

Additional Forms

- ❑ **Marriage Certificate - EmblemHealth Only**

For Domestic Partners:

- ❑ **Registration or Affadavit**
- ❑ **Declaration of Cohabitation and Financial Interdependence**

Note: If you are submitting a new HealthPass case that had previous employer-sponsored coverage through EmblemHealth, GHI, Oxford, or HIP, enclose a copy of the termination request letter with the application. In addition you **MUST** send that letter to the carrier directly.