**New York Small Group Enrollment Check List**

All cases must be complete and submitted prior to the requested effective date. Enrollment will conduct an audit to determine whether the documentation is compliant. If one or more of the below documents are missing or incomplete, it must be delivered within five business days upon receipt or the case will be returned.

[https://www.oxhp.com/brokers/images/print.gif](javascript:NewWindow('/secure/broker/ref_library/forms/nysm_checklist_pf.html','name','650','600','yes','no','yes','no');)

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| **New York Community Rated Group Application:** Please be sure to include all broker information (if applicable). |
| **Binder check** (in the amount of one month's premium): Personal checks will not be accepted. Starter checks are accepted if accompanied with confirmation from the bank that include the business account information. |
| **Affirmation letter:** The letter must be completed and signed by an authorized officer of the company. |
| **Group qualification documentation:** Oxford requires official tax documentation, based on the type of business, to support group and Member eligibility. |
| **Member Enrollment and Physician Selection Form:** Must be completed and signed by each enrolling employee. Must indicate prior coverage information otherwise pre-existing conditions may apply. |
| **A Notice of Special Enrollment Periods and Waiver** (HIPAA Waiver): This waiver must to be signed and submitted by any non-enrolling employee. This is a requirement for groups enrolling one employee only. \* |

**Oxford USA Documentation Requirements**

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| **Oxford USA Addendum:** Required for groups selecting Out of Area plan only. |
| **Oxford USA Payroll Verification:** A W2, W4 or Payroll records must be submitted for out of area employees. |
| **Member Enrollment and Physician Selection Form:** (see above) |

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