

## NEW YORK SMALL GROUP SOLD CASE CHECKLIST

This form is required for all new business submission.

Group Name: \_\_\_\_\_

General Agent: \_\_\_\_\_

Writing Agent: \_\_\_\_\_

General Agent Correspondent: \_\_\_\_\_

General Agent Fax #: \_\_\_\_\_

**Verify Requested Effective Date**

**Employer Master Group Application**

Waiting Period

General Agent ID#

Employer Contribution Level

Federal Tax ID#

Applicable Agent Codes

Complete Company Address

Effective Date

**Small Employer/Waiver Form**

**First Month's Premium Check**

(must be company check payable to Horizon Healthcare of New York)

**Group's Most Recent Billing Statement From Prior Carrier**

**NYS45TT (Quarterly Wage & Statement)**

**Copy of Rate Quote**

**Employee Enrollment/Application Forms - (dependents not listed will not be covered)**

Dates of Hire

Employee's Signature

Employer's Name

Social Security Number

All Listed Data Fields

All Dependent Information

**Late paperwork (if Necessary)**

**Agent Licensing Information**