



# 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

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- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Federal Tax ID # | <input type="checkbox"/> Definition of Full-Time Employee | <input type="checkbox"/> Ancillary Options         |
| <input type="checkbox"/> Company Address  | <input type="checkbox"/> Employer Contribution            | <input type="checkbox"/> Employer Signature        |
| <input type="checkbox"/> Effective Date   | <input type="checkbox"/> Tier Structure                   | <input type="checkbox"/> Payment Method            |
| <input type="checkbox"/> Waiting Period   | <input type="checkbox"/> Pharmacy Option                  | <input type="checkbox"/> Agent and GA Name or ID # |

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

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- OR: Other Applicable Tax Documentation (See Eligibility Guidelines)

## ◆ Check For First Month's Coverage

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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

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

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|---|--|---|
| <input type="checkbox"/> Employee Name                                  | <input type="checkbox"/> Hours Worked Per Week                   | <input type="checkbox"/> Employee Plan Selections |
| <input type="checkbox"/> Social Security Number                         | <input type="checkbox"/> Employee Date of Birth                  | <input type="checkbox"/> All Listed Data Fields   |
| <input type="checkbox"/> Date of Hire                                   | <input type="checkbox"/> All Dependent Info. (incl. DOB and SS#) | <input type="checkbox"/> Employee's Signature     |
| <input type="checkbox"/> Signature of Authorized Company Representative |  |   |

## ◆ Additional Forms

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|---|--|
| <input type="checkbox"/> Student Verification | <b>For Domestic Partners:</b>  |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Registration or Affidavit                                 |
| <input type="checkbox"/> HSA Plans (see back) | <input type="checkbox"/> Declaration of Cohabitation and Financial Interdependence |

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



## HSA Checklist

Carrier	Employer Forms	Employee Forms
<b>All HealthPass Carriers</b>	<input type="checkbox"/> HP Notice of Election	<input type="checkbox"/> HP Enrollment/Change Form
<b>EmblemHealth - Mellon Bank</b>		
<b>Completed by HealthPass</b>	Employer Group Set-Up Form	Kit will be mailed after enrollment
	EmblemHealth Option Sheet	
<b>Health Net - Bank of America</b>		
<b>Complete</b>	<input type="checkbox"/> Bank of America Employer Group Set up Form	<b><i>If Employee is transferring from another HSA account:</i></b>
	<input type="checkbox"/> Bank of America Services Agreement	<input type="checkbox"/> Current Bank Account Closure Forms
	<input type="checkbox"/> Health Net Authorization Form	<input type="checkbox"/> Bank of America HSA Rollover Form