

Instructions for Member Firm Information Form

1. Please fill in the name and address of the member firm. Provide the physical street address. P.O. boxes should be used for billing purposes only.
2. TIN# - the member firm’s tax identification number.
3. Describe in general the type of business (i.e. computer software, independent contractor).
4. Indicate the effective date insurance coverage is to begin.
5. Please indicate when the member firm joined the Chamber, Trust or Association.
6. **a.** Enter the total number of all active employees working at the member firm. This number should include owners and employees working at all locations of the company.
- b.** Enter the total number of retirees eligible for coverage. The member firm must have a consistently applied business policy governing retirees and their dependents
- c.** Enter the number of people who have elected continuation of coverage through COBRA or New York State extension.
- d.** Enter the number of active employees not eligible for coverage.

New hires not meeting the member firm’s new hire eligibility policy	
Employees working less than 20 hours per week	
Seasonal employees	
Employees covered through a union sponsored health plan	
Total (<i>Enter this number in 6 d.</i>)	

- e.** Add lines **6a** through **6c**, subtract **6d** and enter total.
- f.** Valid waivers include:
 - Spousal coverage through a commercial carrier
 - Spousal coverage through Tricare
 - Coverage with a parent through a commercial carrier
 - Retiree coverage through a former employer through a commercial carrier
- g.** Subtract the number entered on line **f** from line **e**. (**g = e – f**)
- h.** Enter the total number of eligible employees enrolling in this product.
- i.** To determine member firm participation, divide line **6h** by line **6g**.
7. List the name of the Owner(s)/Partner(s) of the member firm.
8. If yes, please attach a list of the related companies, the locations and the number of eligible employees working at this location.

Tax Documentation Needed:

- **For member firms with 2 or more employees:** This category also includes businesses with several employees, but only one is eligible for health insurance coverage.
 1. Each Employer with 2 or more employees must provide a copy of their most recent **NYS45-ATT-MN**, with notations indicating eligible employees (those working a minimum of 20 hours per week) and ineligible employees (part-time employees working fewer than 20 hours per week, seasonal employees and other persons not eligible for health insurance).

Note: If the Employer's rules require a minimum of more than 20 hours per week in order to be eligible for coverage (e.g., 30 hours), then the notations should be based on the employer's own eligibility rule.
 2. If there are any persons who are proposed for health insurance and ARE NOT listed on the **NYS45-ATT-MN**, the Employer must provide one of the following as documentation that the person works at least 20 hours per week or is otherwise eligible for coverage:
 - (i) for partnerships, a copy of the most recent **1065K-1 for each partner**; OR
 - (ii) for business owners, a copy of the most recent Schedule **K-1** to Form **1120S**, or Schedule **F** to Form **1120F**; OR
 - (iii) the Attestation is for individuals not listed on the **NYS45-ATT-MN**, or for individuals being proposed for coverage when the business is new and has not yet filed a **NYS45-ATT-MN**, work at least 20 hours per week or are otherwise eligible for coverage (e.g., retired, new hires-**W4**'s). The owner or partners of a business should always be listed on the attestation.
 3. If the Employer has been in existence for less than one year, it must provide a copy of its **DBA** certificate, certificate of incorporation, business certificate or receipt of tax ID form.
- **For persons in business alone (sole proprietor).**
 1. Each Employer must provide a copy of their most recent **NYS45-ATT-MN**. If the sole proprietorship does not file the **NYS45-ATT-MN**, it must provide a copy of a pay stub, estimated tax form or other documentation of active employment status.
 2. If the Employer has been in operation for MORE than one year, it must provide a copy of one of the following tax forms: Schedule **C**, Schedule **E**, or **W-2**
 3. If the Employer has been in operation **LESS** than one year, it must provide a business certificate, a **DBA** certificate, OR similar tax documentation that the business is authentic and in operation.
 4. Each Employer must provide a signed Attestation that the sole proprietor or employee works *at least* 20 hours per week in the business.