

Small Group / Sole Proprietor Enrollment Checklist

1. _____ Plan Selection Form filled out
2. _____ Member group information / application
Member group name / address / phone / fax / email
Name & title of contact person
3. _____ Subscriber application form for health plan
4. _____ Business or Sole Proprietor documentation:
NYS45 ATT (Payroll form) for groups; 1099; Schedule C, E or F;
DBA Certificate, Partnership Certificate or Certificate of Incorporation
(some carriers require two forms of documentation)
5. _____ Student Certification Form; Physically Handicap or Mentally Impaired
Dependant Form (when applicable)
6. _____ Prior coverage documentation – copy of most recent bill from prior carrier
or HIPAA letter showing loss of coverage (when applicable)
7. _____ Current membership status or new membership application for *The
Otsego County Chamber*
8. _____ Click here if your plan requires additional forms.

**** Please Note: If you are using an earlier version of Internet Explorer or Mozilla Firefox, the link that opens will be behind your current window.** For best results upgrade your current browser.**