

Group Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_

[Date]

Oxford Health Plans  
10 Tara Blvd.  
Nashua, NH 03062  
Attn: NYSM Group Enrollment Dept.

Dear Sirs:

Enclosed is documentation of the types requested by Oxford that verifies my group's eligibility for group health care coverage in New York.

I have indicated below the number of eligible employees, my group's official filing status in New York State and the documentation I have enclosed.

\_\_\_\_\_ Number Of Eligible Employees.

Official Group Filing in NY (Check One)	Required Documentation*
<input type="checkbox"/> New Corporation	Articles of Incorporation and W4 for each employee
<input type="checkbox"/> Existing Corporation	NYS-45 (indicate all eligible employees)
<input type="checkbox"/> New Partnership	Partnership Agreement and W4 for each employee
<input type="checkbox"/> Existing Partnership	K1 for each partner and NYS-45 (for non-partner employee)
<input type="checkbox"/> NYSHIP Approved Organization	NYSHIP Certificate
<input type="checkbox"/> New Proprietorship	W4 for each Employee
<input type="checkbox"/> Existing Proprietorship	Schedule C and NYS-45 (indicating all eligible employees)
<input type="checkbox"/> New Subchapter S Corporation	CT6 and W4 for each employee
<input type="checkbox"/> Existing Subchapter S Corporation	CT6 and NYS-45 (indicating all eligible employees)

**\*Only fully-executed documentation will be accepted.**

\_\_\_\_\_  
Signature of Employer Group Official

\_\_\_\_\_  
Date