

Please complete the following required forms and provide the necessary information.

New Group Paperwork Checklist: Optiflex

The documents in **section 1** are required to confirm the sale. These can be provided before the documents in section 2:

Section 1

SOLD CONFIRMATION PAPERWORK		
<input type="checkbox"/>	Proposal Rate Exhibit	Sign and date, provided by Sales
<input type="checkbox"/>	Benefit Selection Report (BSR)	Review and sign, provided by Sales

The documents in **section 2** will need to be completed by the group:

Section 2

GROUP SETUP INFORMATION		
<input type="checkbox"/>	Group Master Application (GMA)	Complete each page in its entirety
<input type="checkbox"/>	LWAC Stop Loss Insurance Application	Complete noting \$0 for deposit payment as deposits are not required on Optiflex groups.
<input type="checkbox"/>	LWAC Stop Loss Disclosure Form	Complete noting any additional known large claim information.
<input type="checkbox"/>	Self-Funded Health Plan Information Recipient List	Complete listing each person accessing claims information. Include all group and Producer representatives.
<input type="checkbox"/>	LifeWise Assurance ACH Form	Complete noting account monthly premiums should be pulled from via ACH.
<input type="checkbox"/>	Business Associate Agreement – ERISA Business Associate Agreement – Non-ERISA	Review, complete, and sign appropriate document based on ERISA status.
<input type="checkbox"/>	NY State Electronic Filing User ID Application	Complete if opening a new account with the State of New York for claim surcharge collection. The group’s information should be listed as the Payor and select the box for “Public Goods Pool”.
<input type="checkbox"/>	NY State Payer Election Application	Complete if opening a new account with the State of New York for claim surcharge collection. The group’s information should be listed as the Payor and Premera as the TPA (Premera Tax ID is 91-0499247). On page 3, select the box titled “Self-Funded Coverage”.
<input type="checkbox"/>	TPA or ASO Status Change Form	Complete this form if the group is previously self-funded with an open claim surcharge account in the State of New York.
<input type="checkbox"/>	Personal Funding Account Set Up Form (PFA)	Complete if electing Personal Funding Account Administration through ConnectYourCare.
<input type="checkbox"/>	Premera/CYC HSA Contribution ACH Form	Complete noting account HSA contributions should be pulled from via ACH (if applicable).
<input type="checkbox"/>	Balance Billing Protection Act Attestation	Complete indicating participation decision.
<input type="checkbox"/>	Vimly Enrollment Census/Spreadsheet (provided by Sales)	Complete with member enrollment information.
<input type="checkbox"/>	Vimly SIMON Portal Administrators Access Form (provided by Sales)	Complete one form for each person accessing the Vimly portal system for billing and eligibility.