

OptiFlex new group paperwork checklist

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

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 (provided by Sales)	Sign and date.
<input type="checkbox"/>	Benefit Selection Report (provided by Sales)	Review and sign.

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

Section 2

GROUP SETUP INFORMATION		
<input type="checkbox"/>	Group Master Application	Complete each page in its entirety.
<input type="checkbox"/>	LifeWise Assurance Company - Stop Loss Insurance Application	Complete and fill in \$0 for deposit payment as deposits are not required for OptiFlex groups.
<input type="checkbox"/>	LifeWise Assurance Company - Stop Loss Disclosure Form	Complete by filling out any additional known large claim information.
<input type="checkbox"/>	Self-funded Health Plan Information Recipient List	Complete and list each person that will access claims information. Include all group and producer representatives.
<input type="checkbox"/>	LifeWise Assurance ACH Form	Complete and note that account monthly stop loss premiums should be pulled from 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"/>	New York 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, then select the box for "Public Goods Pool."
<input type="checkbox"/>	New York State Payor 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 third-party administrator (Premera Tax ID is 91-0499247). On Page 3, select the box titled "Self-Funded Coverage."
<input type="checkbox"/>	Third Party Administrator or Administrative Services Only	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	Complete if electing to use a Personal Funding Account.

<input type="checkbox"/>	Premera Health Savings Account (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.