



NEW BUSINESS SUBMISSION CHECKLIST

Group Name: _____
Requested Effective Date: _____
Agent/Agency Name: _____
ABA Representative: _____
Zip Code & State: _____

REQUIRED FORMS:

- Employer Application signed by both the owner/employer and agent.
- Individual Enrollment Form for each owner/employer and employee. Section 5-Statement of Health must be answered by employee to be covered.
- Owner/employer and employee declining coverage must indicate so by completing Section 3 (first & last name) and Section 6.
- Most recent State Quarterly Tax and Wage Statement. Identify terminated and part-time employees. New employees not appearing on the statement should be listed along with their Social Security Number and date of hire.
- Copy of proposal with plan selection and employer's signature.
Check for the first month's contribution made payable to OSMA Health (or if paying via ACH completed ACH information on Employer application along with a copy of voided check) and mailed to the address below.
- OSMA Affiliate Membership Application with check made payable to Oklahoma State Medical Association (not OSMA Health) and mailed to the address below.
- W-9 from the Agent (on their first OSMA Health case).
- GA
- Rate table attached.

DEDUCTIBLE CREDIT

To receive deductible credit, a current Explanation of Benefits (EOB) showing the amount of deductible satisfied, should be submitted for each employee and dependent.

SUBMIT NEW BUSINESS VIA EMAIL OR MAIL TO:

OSMA Health
Attention: Katie Howard
3817 Northwest Expressway, Suite 810,
Oklahoma City, OK 73112

Email: Khoward@abadmin.com | Phone: (405) 290-1632 | Fax:(405) 290-5717