

**New York Sole Proprietor Enrollment Checklist
Atlantis Health Plan**

Thank you for using Health Plan One to obtain health insurance for your company. Follow the steps below to finalize your company's enrollment

1. **Group Agreement -** This item to be filled out by the employer.
2. **Employee Enrollment form-** To be completed by all enrolling employees.
3. **Current/prior medical carrier's Bill/invoice** Shows employee roster & premium summary page

If no prior coverage, submit the Health History Coverage Form
4. **Tax Documentation-** Schedule C tax document or other applicable tax documentation
5. **Initial Premium Check-** First month's premium check payable to Atlantis Health Plan; company check required. If paying by credit card, complete the Credit Card Payment Authorization Form.

Send all enrollment materials directly to Health Plan One, LLC at the address listed below:

Health Plan One, LLC
250 Pequot Ave
Southport, CT 06890
877-567-5267