

Sole Proprietor Enrollment Checklist

Oxford Health Plans

Thank you for using Health Plan One to obtain your Sole Proprietor health insurance. Follow the steps below to finalize your enrollment.

Required Documentation for New York Sole Proprietor Business

Oxford Health Plans' underwriting process requires that sole proprietors verify their status by submitting current tax documents. Oxford will not be able to process sole proprietor applications without the following information:

- Sole Proprietor Application Form – complete, sign, and date.
- A binder check – include the first month's premium made payable to Oxford.
- Member Enrollment form – complete, sign, and date.

For business organizations in operation for more than 12 months:

- At least **one** of the following:
 - Schedule C – Profit & Loss From Business (sole proprietorship)
 - Schedule C-EZ – Net Prof from Business (sole proprietorship)
 - Schedule F – Profit & Loss From Farming(Please note: The Gross Income on Schedules C, C-EZ or F must equal or exceed \$25,000)
- Form 1040 – a current signed copy of the first two pages. In addition, any W-2 forms received by the sole proprietor must be submitted.
- Completed Attestation Form.

For corporations that have elected to be taxed as S-Corporations:

- IRS Form 1120-S – Income Tax form for S Corporations
(Gross receipts or sales must equal or exceed \$25,000)
- Schedule K-1 – Must show 100% ownership for prospective insured (i.e. sole S-Corporation shareholder).
- W-2 – Received by the shareholder-employee from the S-Corporation under which group coverage with Oxford is sought. In addition, if applicable, S-Corporation shareholder must provide any other W-2s received from other business organizations.
- Currently signed copy of the first two pages of Form 1040 and Schedule E (if applicable) for the S-Corporation shareholder.
- Completed Attestation Form.

For business organizations in operation for less than 12 months:

- certificate of Incorporation (for S-Corporations only).
- NYS Business License (if applicable)
- Copy of Business Bank Statement (for Sole Proprietors only)
- Completed Attestation Form.

Effective dates are the first of the month only. Paperwork must be submitted to Health Plan One by the 12th of the month for an effective date for the 1st of the following month.

Please send all forms and premium check to:

**Health Plan One
250 Pequot Avenue
Southport, CT 06890
Toll Free: 877-567-5267**