



NEW BUSINESS SUBMISSION CHECKLIST

Group Name	
Requested Effective Date	
Broker Name	

- Employer Application signed by both the owner/employer and broker.
- Individual Enrollment Form or Declination for each owner/employer and employee.
- Most recent Form OES-3. Identify terminated and part-time employees; new employees not appearing on the OES-3 should be listed along with their Social Security Number and date of hire.
- Copy of proposal **with plan selection and signature.**
- Medicare Secondary Payer Form.
- Check for the first month's contribution made payable to *OSMA Health*.

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.

New business should be submitted to:

Frates Benefit Administrators
Attention: Dennis Grubbs

Mailing Address: 13439 Broadway Extension suite #110
Oklahoma City, OK 73114

Telephone: (405) 290-5696
Marketing Fax: (405) 290-5771