



## TEXAS NEW BUSINESS SUBMISSION CHECKLIST

Group Name: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

### Required Forms:



- Employer Application signed by both the owner/employer and agent.
- Individual Enrollment Form or declination for each owner/employer and employee. Section 5 - Statement of Health must be answered by employee to be covered.
- Most recent TWC 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** and received by Frates Benefit Administrators or Assured Benefits Administrators Accounting Department (*or if paying via ACH completed ACH information on Employer application along with a copy of voided check*)
- OSMA Affiliate Membership Application with check made payable to **Oklahoma State Medical Association (not OSMA Health)** and received by Frates Benefit Administrators
- W-9 from the Agent (on their first OSMA Health case)

### 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 to:

OSMA Health  
13439 Broadway Ext. Suite #110  
Oklahoma City, OK 73114

Attention: Kinga Vasquez  
[kvasquez@fba-tpa.com](mailto:kvasquez@fba-tpa.com)  
 (405) 290-5632  
 (405) 290-5771

***For additional information you can visit:***

**[www.osmahealth.com](http://www.osmahealth.com)**