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 dues 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
(405) 290-5632
(405) 290-5771

For additional information you can visit:
www.osmahealth.com