

Please complete the following required forms and provide the necessary information.



New Group Paperwork Checklist: WTIA Optiflex

The document in **Section 1: WTIA Sale Confirmation** is required to confirm the sale with the WTIA Sales team. The document in **Section 2: Premera Sale Confirmation** is required to confirm the sale with the Premera Sales team and will be provided directly by Premera after the sale is confirmed with WTIA. These documents can be provided before the documents in **Section 3: New Group Paperwork**.

Section 1

WTIA Sale Confirmation

WTIA Proposal Rate Exhibit	Highlight, sign and date. Provided by WTIA Sales
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Section 2

Premera Sale Confirmation

Benefit Selection Report (BSR)	Review and sign. Provided by Premera Sales
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Section 3

New Group Paperwork

The documents in **Section 3** will need to be completed by the group.

Group Master Application (GMA)	Complete each page in its entirety
Balance Billing Attestation Form	Complete 30 days prior to the effective date to be filed with the OIC.
LWAC Stop Loss Insurance Application	Complete noting \$0 for deposit payment as deposits are not required on WTIA Optiflex groups.
LWAC Stop Loss Disclosure Form	Complete noting any additional known large claim information
Self-Funded Health Plan Information Recipient List	Complete listing each person accessing claims information. Include all group and Producer representatives
LifeWise Assurance ACH Form	Complete noting account monthly premiums should be pulled from via ACH
Business Associate Agreement - ERISA Business Associate Agreement - Non-ERISA	Review, complete, and sign appropriate document based on ERISA status
NY State Electronic Filing User ID Application	Complete if opening a new account with the State of New York for claim surcharge collection. The group's information should be listed as the Payor and select the box for "Public Goods Pool".
NY State Payer Election Application	Complete if opening a new account with the State of New York for claim surcharge collection. The group's information should be listed as the Payor and Premera as the TPA (Premera Tax ID is 91-0499247). On page 3, select the box titled "Self-Funded Coverage".
TPA or ASO Status Change Form	Complete this form if the group is previously self-funded with an open claim surcharge account in the State of New York.
Vimly Enrollment Census/Spreadsheet	Complete with member enrollment information
Vimly SIMON Portal Administrators Access Form	Complete one form for each person accessing the Vimly portal system for billing and eligibility.
<i>Optional-</i> CYC Personal Funding Account Set Up Form (PFA)	Complete if electing Personal Funding Account Administration through ConnectYourCare.
<i>Optional-</i> Premera/CYC HSA Contribution ACH Form	Complete noting account HSA contributions should be pulled from via ACH (if applicable).
<i>Optional-</i> Navia HSA/FSA Online Application	Complete online application for optional HSA/FSA coverage through Navia.

Paperwork and questions should be directed to both:

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