

Apollo Partners

N.Y. Inc.



8 Church Street
P.O. Box 333
Chatham, NY 12037
Tel. (800) 300-0621 Fax (518) 392-0536

CDPHP HOW TO ENROLL – PPO / EPO / HIGH DEDUCTIBLE HSA GROUPS OF 2-50

Please fill out each form completely and sign and date where requested. This will help considerably in processing your application promptly. Please provide the following:

- Step 1. Complete the CDPHP UBI Employer Application. Please be sure it is dated and signed.
- Step 2. Photocopy of the last paid invoice from your previous carrier.
- Step 3. Provide the most recent copy of your NYS-45-ATT quarterly payroll form. This form should show each employees name, social security number, and wages for the filed quarter. Please indicate the eligibility of each employee next to their name (i.e. eligible, not eligible / part time, covered by spouse, not eligible/not met waiting period etc. For each employee that does not appear on the NYS-45-ATT, please include a copy of their W-4.
- Step 4. Complete and sign the CDPHP Plan Selection Form.
- Step 5. Complete and sign the Apollo Financial & Administrative Agent Agreement.
- Step 6. Complete and sign the CDPHP UBI Employee Enrollment Form.
- Step 7. Complete and sign the COBRA Administration Form
- Step 8. A company check for the first month's premium made payable to Apollo Partners (Administrator for these health plans)
- Step 9. Send all forms to: **Apollo Partners N.Y., Inc.**
8 Church Street P.O. Box 333
Chatham, NY 12037

If you have any questions or need assistance completing the above items, please call us at
(800) 300-0621

**THANK YOU FOR YOUR ENROLLMENT – WE WILL DO OUR BEST TO PROVIDE
YOU WITH THE FINEST SERVICE POSSIBLE.**