



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 ONE

Please fill out each form completely and sign and date where requested. This will help considerably in processing your application promptly. Kindly 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 (**if applicable**).
- Step 3. Supply **any one** of the following as proof of sole proprietor business:
 - a. Long Form Schedule C – policy issued to company named on schedule
 - b. Form 1120-S – U.S. Corporation Income Tax Return for S Corporations
 - c. Schedule F – Profit or Loss from farming
 - d. Signed NYS-45 or NYS-45-ATT Form
 - e. A copy of the most recent Schedule SE – Self Employment Tax form

OR A letter from a CPA or Attorney certifying that it is a new business and that tax documentation will be provided when available.
This is only required if you are a new business and are unable to provide the above listed tax documentation.

- 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. A company check for the first month's premium made payable to Apollo Partners. (Administrator for these health plans)
- Step 8. 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.**