



# Oxford New York Small Group Tax Form Submissions

As part of the group enrollment process, we require Oxford<sup>1</sup> New York small groups to submit tax documentation verifying the group meets the eligibility requirements for health care coverage.

We require **the most recent copy** of your state **Quarterly Wage and Tax Report (NYS-45)**. If your company does not file an NYS-45 or you have employees or owners who are not listed on the NYS-45, please submit the following tax documentation, where applicable.

Official Group Filing in New York	Required Document(s)
<b>Partnership – LP, LLP and PC (New Business)</b>	<ul style="list-style-type: none"> <li>Partnership agreement and their percentage of ownership for each Partner. Must be signed and dated within 1 year to be valid.</li> <li><b>Two weeks current payroll.</b> Payroll must contain the group’s name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> <li>SS4 letter for new business confirming the Employer Identification Number assigned.</li> </ul> <p><b>NOTE:</b> LP, LLP and PC cannot consist of all K1s—they must have at least one common law employee enrolled to qualify as a group.</p>
<b>Partnership – LP, LLP and PC (Existing Business)</b>	<ul style="list-style-type: none"> <li><b>IRS Schedule K1</b> (Form 1065)—include all K1s totaling 100% ownership.</li> <li><b>NYS-45</b> for W-2 employees.</li> <li><b>Two weeks current payroll</b> for new employees. Payroll must contain the group’s name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> </ul> <p><b>NOTE:</b> LP, LLP and PC cannot consist of all K1s—they must have at least one common law employee enrolled to qualify as a group.</p>
<b>S-Corporation/S-Corporation/LLC (New Business)</b>	<ul style="list-style-type: none"> <li>Signed and dated copy of the Articles of Incorporation, Articles of Organization or Operating Agreement indicating the owners.</li> <li>SS4 letter for new businesses confirming the Employer Identification Number was assigned.</li> <li>2 weeks current payroll for W-2 employees. Payroll must contain the group’s name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> </ul>
<b>S-Corporation/S-Corporation/LLC (Existing Business)</b>	<ul style="list-style-type: none"> <li>One of the following: <ul style="list-style-type: none"> <li>Form 1120 with Schedule G or 1125E indicating the owners.</li> <li>Form 1120S with K1 totaling 100%.</li> </ul> </li> <li><b>NYS-45</b> for W-2 employees and 2 weeks payroll journal for new employees. Payroll must contain the group’s name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> </ul>
<b>Non-Profit Company</b>	<ul style="list-style-type: none"> <li>Most recent quarter federal <b>IRS Form 941</b> (SS4 letter is acceptable if the form 941 is not available).</li> <li>2 weeks payroll journal for the employees. Payroll must contain the group’s name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> <li>A signed letter from the organization. (The letter must confirm nonprofit status, list the employees and confirm the location of the office where the employees currently work.)</li> </ul>
<b>Group That Filed a Consolidated Tax Return as an Affiliated Group or is Commonly Owned</b>	Appropriately filed IRS schedule(s) identifying all owners.
<b>New Hires</b>	<b>Two weeks current payroll</b> and dates of hire for all New Hire employees.
<b>COBRA/State Continuation Subscribers</b>	Please provide the last <b>NYS-45</b> employees appeared on.

Official Group Filing in New York	Required Document(s)
<p><b>Independent Contractor</b></p>	<ul style="list-style-type: none"> <li>The group must complete the Independent Contractors Paid by 1099 form.</li> <li>One of the following: <ul style="list-style-type: none"> <li>Prior year 1099 Misc. form.</li> <li>2 weeks payroll journal. Payroll must contain the group's name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> <li>For contractors hired during the current year, a copy of their employment contract signed and dated.</li> </ul> </li> </ul>
<p><b>Common Ownership</b></p>	<ul style="list-style-type: none"> <li>For groups looking to combine companies due to filing a consolidated federal tax return. They must complete a Common Ownership/Oxford Verification form signed and dated.</li> <li>The group must provide the K1s or other business tax forms for all companies to confirm 100% ownership.</li> </ul>
<p><b>Professional Employer Organization (PEO) Groups</b></p> <p><b>Please note:</b> All groups with a PEO or moving from a PEO must be reviewed by Underwriting before they are approved. All PEO groups are reviewed on an individual basis. We reserve the right to request additional documentation from the prospective group.</p>	<p><b>For groups terming their relationship with a PEO:</b></p> <ul style="list-style-type: none"> <li>A copy of the term letter addressed to the PEO.</li> <li>The NY Small Professional Employer Organization Certification form completed in full.</li> <li>SS4 letter for new business confirming the Employer Identification Number assigned.</li> <li>2 weeks current payroll from the new payroll provider. Payroll must contain the group's name and confirm 2 weeks of hours, wages and all deductions with the pay dates beginning the first business day after the PEO contract end date. For example, if the PEO contract ended on June 30, the payroll journal needs to be from July 1–14.</li> <li>Prior year business tax documents confirming the owner/owners of the group.</li> </ul> <p><b>For groups that have payroll ONLY administered through a PEO:</b></p> <ul style="list-style-type: none"> <li><b>NYS-45</b> and payroll (new hires) listing the employees who are specific to the employer and contain no employees from any other company.</li> </ul> <p><b>NOTE:</b> If the employer cannot provide the health plan with a specific tax document or payroll, we will assume they are employees of the PEO or Leasing Company and may not be considered eligible for coverage.</p> <ul style="list-style-type: none"> <li>Prior year business tax documents confirming the owner/owners of the group.</li> </ul> <p><b>For groups that have co-employment with a PEO:</b></p> <ul style="list-style-type: none"> <li>If the group is part of a PEO or Leasing Company as a co-employer, the PEO/ELC Employer Questionnaire form must be completed in full.</li> <li><b>NYS-45</b> or 2 weeks current payroll for the employees. Payroll must contain the group's name and confirm 2 weeks of hours, wages and all deductions with the payroll begin date and end date.</li> <li>Prior year business tax documents confirming the owner/owners of the group.</li> </ul>

Next to each employee listed on the tax documents, please also indicate the following:

- State of residency.
- Status code (from the list below; include all applicable).
- Date of hire or termination date (if applicable).

The submitted documents must identify all employees, owners and/or partners of your business—not only those who have Oxford medical coverage.

Status Codes			
<b>A</b>	Employee is actively enrolled (plan subscriber).	<b>CO</b>	Person is covered under state or federal (COBRA) continuation law. Indicate continuation start date and whether coverage is provided by a prior employer or by your company.
<b>DE</b>	Employee is declining coverage (i.e., due to cost or doesn't want). Only use this code if the employee is full-time with no other coverage or waiver reason.	<b>GR</b>	Group Coverage. Indicate if the coverage is sponsored by this employer or through another employer.
<b>ID</b>	Employee has Individual Coverage.	<b>LA</b>	Employee is not actively working due to Leave of Absence or other reason. Please provide the last tax form or payroll the employee is listed on and indicate the Leave of Absence start date.
<b>MC</b>	Employee is covered under Medicare.	<b>MD</b>	Employee is covered under Medicaid.
<b>PC</b>	Employee is covered under Parental Coverage.	<b>PT</b>	Employee is part-time and works less than the required full-time hours (includes temporary and seasonal employees). <sup>2</sup>
<b>SP</b>	Employee is covered under spouse's employer plan.	<b>TC</b>	Employee is covered under Tricare.
<b>TR</b>	Employee is terminated (no longer works for this employer). Indicate date of termination.	<b>UC</b>	Employee has Union Coverage.
<b>VA</b>	Employee has Veterans Administration Coverage.	<b>WP</b>	Employee is full-time but is in the policy's waiting period. Indicate date of hire and date the employee will be eligible for coverage.



<sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

<sup>2</sup> Please define the number of regular hours you consider to be part time. Please remember we will only cover employees who regularly work 20 or more hours per week.