



**Send Completed Form to:**  
**Healthplex, Inc.**  
 Attention: Enrollments Department  
 333 Earle Ovington Blvd., Suite 300  
 Uniondale, NY 11553-3608  
 P 800-468-0608 (option 1)  
 F 516-227-0582  
 healthplex.com

## GROUP TRANSMITTAL SHEET

GROUP INFORMATION						
Group Name				Group Number		
Address			City		State	Zip
Prepared By (Last Name, First Name)			Title		Date	
Effective Date			Contact Number			
TO BE COMPLETED BY EMPLOYEE						
TERMINATIONS		Check Appropriate Box				Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or DP	Family	Total # of Persons	
ENROLLMENTS		Check Appropriate Box				Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or DP	Family	Total # of Persons	
CHANGES		Check Appropriate Box				Remarks
SSN/I.D. #	Employee Name	Single	H/W, P/C or DP	Family	Total # of Persons	

## MONTHLY BILLING PROCEDURES

1. New Enrollees have effective dates on the first of the month. Terminations are effective as of the last day of the month.
2. Invoices will be sent by the 20<sup>th</sup> of the month for the following month's coverage. If you are billed for a subscriber who is being terminated, please pay the invoice as is and note the change on the transmittal form. Credit will be given to you on the following month's invoice.
3. This form along with an enrollment card should be used to inform us of new subscribers, coverage changes (*single to family, etc.*), and Plan type changes (*Comprehensive to Reimbursement, etc.*). Terminations should also be noted on the form. Forms can be faxed to the attention on of our **Enrollments Departments** at **516-227-0582**.
4. If you have any questions about an invoice, please call us at **1-800-468-0608** (Press Oprion 1).