



**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. #	Date of Birth	Employee Name	Single	H/W, P/C or DP	Family	Total # of Persons	

ENROLLMENTS			Check Appropriate Box				Remarks
SSN/I.D. #	Date of Birth	Employee Name	Single	H/W, P/C or DP	Family	Total # of Persons	

CHANGES			Check Appropriate Box				Remarks
SSN/I.D. #	Date of Birth	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 20th 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 form 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: F-516-227-0582, E-enrollments@healthplex.com.**
4. If you have any questions about an invoice, please call us at **1-800-468-0608** (Press Option 1).