



The LIA Health Alliance is in the process of implementing HIPAA (Health Insurance Portability & Accountability Act) electronic interfaces with its participating insurers. These electronic interfaces are governed by Federal regulations that require complete and accurate enrollment information. Therefore, Enrollment Forms must be completed in full. Please review the following:

**SECTION A**

Please provide the employee information requested. The Date of Hire must be the actual Month/Day/Year.

**SECTION B**

Please provide the other insurance information as requested and answer questions. If the answer to dependents having other coverage is yes, then, the other coverage information must be provided.

If the answer to the question regarding previous coverage over the past 12 months is yes, then, please provide the former health insurance coverage information in Section E.

**SECTION C**

Within each insurer's column, please check the appropriate box for the benefit plan that you want.

Please also check the appropriate box for the specific type of life status change and give the reason for that change in the space provided. Proof of the Life Status Change (e.g. Marriage Certificates, Divorce papers, HIPAA Certificates) are required.

**SECTION D**

The employer must complete all the information in this section including: employer name and telephone number. Please also indicate whether employee is working more than 20 hours.

**SECTION E**

Please provide the following employee related information: name of spouse, dependents, birth dates and social security numbers. Please also include sex, relationship code, former health insurance coverage and check current patient box, if appropriate.

**The Primary Care Physician ID must be detailed as the Insurer Provider #...or the physician name, if a provider number is not used by the insurer. Please utilize the Insurer Directories for provider ID information. (Available at: LIAHealthAlliance.com)**

**The employer and employee must sign and date the form.**

**Return completed forms to:  
LIA Health Alliance  
Enrollment Processing Center  
48 South Service Road  
Suite 301  
Melville, NY 11747  
1-800-542-5513**