

INSTRUCTION SHEET

Oxford' New York Small Group Tax Form Submissions

As part of the group enrollment process, we require Oxford 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)
Sole Proprietorship ²	IRS Schedule C (Form 1040) or IRS Schedule F (farms)
S-Corporation	IRS Schedule K1 (Form 1120S) – include all K1's totaling 100% ownership
C-Corporation	IRS Form 1120 (pages 1-2) ; include IRS Form 1125-E or IRS Schedule G to identify owner(s)
Partnership / Limited Liability Partnership ² (LLP)	IRS Schedule K1 (Form 1065) – include all K1's totaling 100% ownership
Limited Liability Company	Appropriately filed IRS schedule(s) identifying all owners
Non-Profit Company	Most recent quarter federal IRS Form 941 and current two-week payroll report
Group who filed a consolidated tax return as an affiliated group	Copy of most recent IRS Form 851
New Hires	Most recent two-week payroll report and dates of hire for all New Hire employees
COBRA/State Continuation subscribers	Please provide the last NYS-45 employees appeared on
Independent Contractor	IRS Form 1099 – Misc and Independent Contractor Attestation for each employee

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			
A	Employee is actively enrolled (plan subscriber).	CO	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.
DE	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.	GR	Group Coverage. Indicate if the coverage is sponsored by this employer or through another employer.
ID	Employee has Individual Coverage.	LA	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.
MC	Employee is covered under Medicare.	MD	Employee is covered under Medicaid.
PC	Employee is covered under Parental Coverage.	PT	Employee is part-time and works less than the required full-time hours (includes temporary and seasonal employees). ³
SP	Employee is covered under spouse's employer plan.	TC	Employee is covered under Tricare.
TR	Employee is terminated (no longer works for this employer). Indicate date of termination.	UC	Employee has Union Coverage.
VA	Employee has Veterans Administration Coverage.	WP	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.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² A sole proprietorship and a partnership must employ at least one individual who is not the owner to be eligible to purchase a small group policy. When a business is owned only by an individual or an individual and his or her spouse, these individuals are not considered "employees" and the benefit plan is not considered a one employee group health plan. Please see our small group underwriting guidelines for more information.

³ 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.