



<p style="text-align: center;">INSTRUCTION SHEET Oxford* New York Small Group Tax Form Submissions</p>
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As part of the group enrollment process, Oxford requires that New York small groups submit tax documentation to verify that the group meets the eligibility requirements for healthcare coverage.

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

Official Group Filing in New York	Required Documents
Sole Proprietorship	IRS Schedule C (Form 1040) or Schedule F (farms)
S-Corporation	Schedule K1 (Form 1120S)
C-Corporation	IRS Form 1120 (pages 1-2) , including Schedule K5 and Form 1125-E
Partnership / Limited Liability Company	Schedule K1 (Form 1065)
Limited Liability Company	Appropriately filed IRS schedule(s)
Non-Profit Company	Most recent quarter federal 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

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

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

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

STATUS CODES			
A	Employee is actively enrolled (plan subscriber).	S	Employee is covered under spouse's employer plan.
M	Employee is covered under Medicare.	O	Employee has other coverage. Specify nature of coverage (e.g., individual, group, military, parental, etc.).
T	Employee is terminated (no longer works for this employer).	D	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.
P	Employee is part-time and works less than the required full-time hours (includes temporary and seasonal employees).	L	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.
W	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.	C	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.

*Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.