



PIA Association Health Plan

25 Chamberlain St. • P.O. Box 997
Glenmont, NY 12077



ENROLLMENT CHECKLIST

Please complete, sign, date and submit the required information by the 15th of the month to secure coverage for the 1st of the following month.

- Complete the Small Group Application Form. Please be sure it is dated and signed.
- Indicate your plan choice on the Rate Sheet. Please be sure it is signed and dated.
- Provide photocopy of last paid invoice from your previous carrier (if applicable)
- Eligibility documentation (see eligibility guidelines)
- Each employee must complete and sign an employee enrollment form.
- A company check for the first month's premium made payable to: **PIA Management Services Inc.**
- Send all completed forms to: **PIA Management Services Inc.
25 Chamberlain St. • P.O. Box 997
Glenmont, NY 12077**

If you have any questions or need assistance completing the above checklist, please call us at (800) 424-4244.

**Thank you for your enrollment—we will do our best to provide you,
our member, with the finest service possible!**