NEW GROUP SET-UP CHECKLIST

- Group Master Application
  - Please make sure all questions are answered completely.

- Employee Enrollment
  - Employee Applications or census enrollment spreadsheet

- Binder check for first month’s premium
  - Check copy: provide a copy of the front and back of the binder check.
  - Premium checks should be made payable to MSHT and mailed directly to:

  **Mailing Address**
  Vimly Benefit Solutions
  MSHT
  PO Box 6
  Mukilteo, WA 98275

  **Physical Address**
  Vimly Benefit Solutions
  MSHT
  12121 Harbor Reach Dr, Suite 105
  Mukilteo, WA 98275

- Copy of the quote that was sold

- National Medical Health Collaborative (NMHC) and Arizona Medical Association (ArMA) Membership
  - Submit NMHC application
  - For questions, please contact the ArMA membership team:
    
    Juliana Stanley – ArMA membership: jstanley@azmed.org or 602-347-6919

Optional forms if required by group

- Common Ownership form
- Waiver Forms
- Most recent EOB for deductible credit

Please submit all new business or renewing group paperwork in a complete packet to DiMartino Associates by the 15th of the month prior to the effective date:

General Inquiries / New Business Email: MSHT@dimarinc.com or call (800) 488-8277