

THRIVE TOGETHER

THE ALLIANCE HEALTH PLAN

NEW EMPLOYER CHECKLIST


This checklist is for employers who wish to enroll their employees in the Alliance Health Plan. Click on each form to access it or visit alliancebenefits.org/forms.

FORMS TO COMPLETE

- [Employer HSA Adoption Agreement](#)
- [Employer Bank Authorization](#)
- [Employer Certification](#) (one per employee)
- [Participant Enrollment](#) (one per employee)

PAPER FORMS

Any paper forms should be uploaded and submitted directly to Alliance Benefits.

-  Questions? Please call (800) 700-2651 or email benefits@cmalliance.org.



ALLIANCEBENEFITS