MSHT
MEDICAL SOCIETY HEALTHCARE TRUST

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	Physical Address
Vimly Benefit Solutions	**Vimly Benefit Solutions**
MSHT	MSHT
PO Box 6	12121 Harbor Reach Dr, Suite 105
Mukilteo, WA 98275	Mukilteo, WA 98275

- ☐ **Copy of the quote that was sold**

If NOT currently an ArMA member

- ☐ **ArMA Membership**
  - To begin the membership process, please contact the ArMA membership team:

Membership@azmed.org or 480-772-1061

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

DiMartino Associates
EMPLOYEE BENEFITS CONSULTING