NWFA The Trust
Your Employee Benefits Partner

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 (OPTIONAL)**
  - Check copy: provide a copy of the front and back of the binder check.
    Premium checks should be made payable to **NWFA** and mailed directly to:

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

- **EFT Form (OPTIONAL)**

If NOT currently a Washington Bankers Association (WBA)/Community Bankers of Washington (CBW) member:

- **WBA/CBW Membership**
  - Online Membership Application: https://www.bankerscontent.com/nwfaor

Optional forms if required by group

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

Please submit all new business 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: NWFA@dimarinc.com or call (800) 488-8277

DiMartino Associates
EMPLOYEE BENEFITS CONSULTING