

Catskill Center for Independence  
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Health Benefit Exchange  
IPA/Lead Navigator  
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### Information Checklist for Employers

Please have the following information available when coming to your appointment to enroll in the SHOP Marketplace:

- \_\_\_ A valid email address (required)
  - \_\_\_ Employer Tax ID# (TIN) or Employer ID# (EIN)
- Contact Person's:
- \_\_\_ Name
  - \_\_\_ Gender
  - \_\_\_ SSN
- \_\_\_ Number of FT employees  
\_\_\_ Number of FTE employees (full-time equivalents)  
\_\_\_ Annual average wage paid
- For Each FT employee:
- \_\_\_ Name
  - \_\_\_ Email address (encouraged but not mandatory)
  - \_\_\_ Address (PO Box is acceptable)
  - \_\_\_ DOB
  - \_\_\_ SSN
  - \_\_\_ Hire Date

**NOTE:** It is not necessary for you to bring any of the documents containing the above information with you UNLESS you need to refer to them during enrollment. Any documents brought to the enrollment appointment will remain in YOUR possession. The Health Benefit Exchange Navigator is prohibited from keeping any personal confidential information about you or your employees.