

2009 Membership Form

Member # (Office Use Only) _____
 Effective Date _____



Company Name _____

Type of business (please be specific) _____

Owner/President _____

Membership Contact w/Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

How did you hear about us? _____

Insurance Broker Name _____

Broker Address _____

Enrolling in (X) Please send information about (✓)

Blue Cross Blue Shield VT Medical Coverage Very Competitive rates for self employed to groups of 50	<input type="checkbox"/>
Dental Coverage for groups of 2 or more – HSA compatible plan available	<input type="checkbox"/>
Group Life AD&D Guaranteed Issue – No Medical Exam -25K or 50K option	<input type="checkbox"/>
COBRA & HIPAA Administration Relieve compliance burdens & reduce exposure to fines	<input type="checkbox"/>
Individual Disability Insurance: Principal Financial Receive premium discounts up to 20%	<input type="checkbox"/>
Prescription Drug Plan: Rutland Pharmacy Mail-order or walk in service. Quotes via phone	<input type="checkbox"/>
Diagnostic Imaging Program: Vermont Radiologists Full service diagnostic imaging	<input type="checkbox"/>
Online Clinical Decision Support: PKC Software tools to help consumers make informed medical decisions	<input type="checkbox"/>

Flexible Benefit Plans-BRS POP \$250, others quoted Employers reduce taxes. Employees increase take home pay	<input type="checkbox"/>
Payroll Processing Local Customer Service and Support	<input type="checkbox"/>
Merchant Services Accept Debit & Credit Cards at low rates	<input type="checkbox"/>
Equipment Financing Member-Vendor Financing & Marketing Program	<input type="checkbox"/>
Discount Long Distance Phone Service In VT 5.9 cents per minute-Outside VT 4.9 cents per minute	<input type="checkbox"/>
Cellular Expense Management Services For 25 Wireless devices or more	<input type="checkbox"/>
BRS Staffing Solutions Temporary workers; Employee searches; Applicant Screening; Interim Hiring Program	<input type="checkbox"/>
HR Technical Advice Human Resource Professionals without having to hire one	<input type="checkbox"/>

Please check one: Self Employed Sole Proprietor C Corp S Corp LLC

Total number of full-time employees _____

Based on above number of full-time employees, use this table to determine your membership fee:

(Rates effective 1/1/09)

Qualified Non-Profit – 30% Discount

# Full Time Employees	Annual Fee*	Quarterly Fee*	Monthly Fee
1 - 5	\$250	\$76	\$31
6 - 10	\$350	\$97	\$41
11 - 25	\$500	\$145	\$58
26 - 40	\$650	\$187	\$78
>40	\$725	\$221	\$84

*Quarterly and Annual Membership fees are billed on a calendar year basis. Credit balances are applied to the next membership cycle. No refunds after 30 days.

Enclosed is my () annual () quarterly () monthly membership fee in the amount of \$ _____.

Please make check payable to Business Resource Services (BRS)
Return to BRS, PO Box 9367, S. Burlington, VT 05407-9367
 For more information please call BRS at 802-865-4560 or visit www.brsvt.com

Please accept my application for membership with BRS. I understand I must be a member in good standing to receive access to member services. BRS must be notified directly if you wish to cancel membership.

Signature _____

Title _____

Date _____