

BUSINESS RESOURCE SERVICES NEW GROUP CHECKLIST

For enrollment purposes, the following must be received prior to the requested effective date to:

Send to Business Resource Services:

- Completed and signed BRS Membership Form
- Completed and signed BRS/BCBS Enrollment Agreement*
- Check for membership fee made payable to **Business Resource Services**

Mail to: Business Resource Services
 P.O Box 9367
 South Burlington, VT 05407-9367

Send to Blue Cross and Blue Shield of Vermont:

The following must be provided for new group enrollment purposes:

- Completed and signed BRS/BCBS Enrollment Agreement*
- If you have employees please provide your company's most recent Vermont State Quarterly Wage Report (C101). Make sure that the tax forms are signed and that any employees who no longer work for you are crossed off and marked terminated. If you are a new business and you have not yet filed then please supply a copy of the most recent payroll

OR

If you are a self-employed sole proprietor with no other employees or partnerships please include a copy of one of the following: Your most recent Schedule SE or Schedule C, Schedule K or K's if more than one partner, Schedule F, Form 1120 or W2's or W3's summary form. We do not accept Schedule E. If you are newly self employed we will need a letter of explanation indicating what day, month and year you started your business and what schedule you plan to file for the current year. A copy of your Trade name Registration and/or Incorporation papers as well
- Completed Small Group Certification Form (front and back)
- Documentation from prior carrier detailing all previously met deductible amounts, for both the subscriber and dependents. (Medical and prescription drug charges will be credited respectively toward medical and prescription drug deductibles only when the deductible credit request clearly separates these charges). Not necessary for TVHP (HMO Products).
- Check for your first month's premium payable to Blue Cross and Blue Shield of Vermont
- Completed and signed Group Enrollment Form (Application), for each employee enrolling on the plan
- Once you receive your Certificate of Coverage letter from your prior carrier, please send this to our Customer Service Department with your subscriber number. Not necessary for TVHP.

IF APPLICABLE:

- For employees waiving coverage due to coverage with spouse – copy of insurance identification card (or waiver form)
- For divorced employees requesting dependent coverage – a copy of the section of the divorce decree stating responsibility for the health care of dependent(s)

Mail to: **Sales Department**
 Blue Cross Blue Shield of Vermont
 PO Box 186
 Montpelier, Vermont 05601

* Both BRS & Blue Cross and Blue Shield require a copy