BlueShield
of Northeastern New York

Employer Group Enrollment Form for Chambers/Associations and Payroll Administrators Small Group (2-50 eligible employees)

Chamber/Association/Payroll Administrator Name _____

Employer Group Name _____

Employer Physical Address _____

Employer Mailing Address _____

Employer Telephone _____ **Contact Person** _____

Employer Federal ID No. _____ **Member of Chamber/Association since** ___/___/___

The following requirements apply to small groups: The purpose of this documentation is to assure the group has a legitimate existence, and was not formed solely for the purpose of seeking insurance.

To be eligible for enrollment as a small group, the following requirements must be met. The applicant must:

1. Submit their **most recent NYS-45-ATT** to show they are an active business.
2. If a NYS-45-ATT is not available due to a group being newly formed, then the NYS-45-ATT must be provided within 90 days of the effective date of coverage. If such documentation is not provided, the group will be terminated on the 90th day,
3. **New groups who have been members of the chamber for 30 days can be set up at any time during the year. Existing members of the chamber can be set up at Open Enrollment.** The appropriate documentation must be attached to this submission. All paperwork, including applications, must be received by the **15th of the month** prior to the effective date.

Groups with NYS-45 ATT - please check all appropriate boxes

☐ I am enclosing the most recent NYS-45 ATT for my business.
☐ All of my covered employees are listed on the NYS-45 ATT.

☐ These newly hired employees will be listed on my next NYS-45 ATT. I am enclosing copies of these employees' 2 most recent paystubs.

Name _____ Name _____

☐ One or more of my covered employees are not listed on the NYS-45 ATT. If retired or on COBRA enter the month and year of retirement or COBRA. Enclosed is a copy of the last NYS-45 ATT on which the retiree or employee on COBRA appeared. Please list owners name(s) not appearing on the NYS-45 ATT and submit the appropriate IRS schedule listed below.

Name _____ **Reason** _____

Name _____ **Reason** _____

Partners/Owners/Businesses not on NYS-45 ATT - please check all appropriate boxes

☐ As a partnership/S Corp, I am enclosing an IRS Schedule C or K for the most recently filed tax year
☐ As a partnership/S Corp, I certify I work at least 20 hours per week

☐ As a Farmer, I am enclosing an IRS Schedule F for the most recently filed tax year
☐ As a Farmer, I certify I work at least 20 hours per week

By signing below the employer group certifies that they meet the eligibility requirements to be enrolled. I certify that the above information is true and accurate to the best of my knowledge. I understand that enrollment is subject to **BlueShield of Northeastern New York** underwriting guidelines and the Group Health Care contract between the Chamber/Association and **BlueShield of Northeastern New York**. I understand that **BlueShield** will conduct annual audits to ensure compliance with these guidelines, which may require us to provide verification of our being a legitimate employer group.

_____ _____

Employer's Signature