



**Employer Group Enrollment Form for  
Chambers/Associations and Payroll Administrators  
Sole Proprietor**

**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 Sole Proprietors.** A sole proprietor group is defined as an unincorporated business, partnership or corporation whose owner, partner, stockholder is the **only active employee**, and **was not formed solely for the purpose of seeking insurance.**

**To be eligible for enrollment as a sole proprietor**, the following requirements must be met. The applicant must:

1. Submit documentation to show they are an active business
2. Demonstrate that the applicant is a bona fide sole proprietor through the documentation requirements set forth below:
  - a. work at least twenty hours per week
  - b. not be employed by another business that has additional employees or be enrolled in any type of health care coverage under another employer group
3. **New groups who have been members of the chamber for 60 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 **15<sup>th</sup> of the month** prior to the effective date.

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

- As a sole proprietor, I am enclosing an IRS Schedule C for the most recently filed tax year
- As a sole proprietor, I certify I work at least 20 hours per week
  
- As a Partnership/S Corp, I am enclosing an IRS Schedule 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

If in business less than 1 year please submit copy of business Bank Statement **or** cancelled Business Check **or** Certificate of doing Business **or** Appropriate Tax Documents

**By signing below the employer group or sole proprietor 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 enrollment guidelines, which may require us to provide verification of our being a legitimate employer and/or sole proprietor.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date



**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 90<sup>th</sup> 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 **15<sup>th</sup> 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**. 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 \_\_\_\_\_  
Revised 3/17/2009

\_\_\_\_\_ Date