

**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 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 joined the chamber or association within the past 60 days can be set up at any time during the year.** All paperwork, including applications, must be received by the **15th of the month** prior to the effective date.

If the group does not file a NYS-45-ATT due to other reasons, they must provide the following documentation.

Type of Group	Required Documentation
Partnership	1) Form IT-204 OR IT-204 ATT OR IT-204-LL 2) Schedule 1065, PLUS one of the following: <ul style="list-style-type: none"> • Copy of Federal ID • Partnership Agreement
Corporation/Subchapter S Corporation	1) Schedule 1120C, 1120E Sub-S Schedule 1120S, Plus one of the following: <ul style="list-style-type: none"> • Copy of Federal ID • Articles of Incorporation • Copy of Federal 941 Report • Initial Form SS4 2) The W-4 for each additional employee 3) Pay stubs or payroll records for all employees
Business in Business Less Than One Year	1) Copy of cancelled Business Check OR copy of a business Bank Statement OR a Certificate of doing business OR Appropriate Tax Documents, Plus one of the following: <ul style="list-style-type: none"> • Copy of Federal ID • Articles of Incorporation • Copy of Federal 941 Report • Initial Form SS4 2) Pay stubs or payroll records for all employees

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 BlueCross BlueShield of Western New York underwriting guidelines and the Group Health Care contract between the Chamber/Association and BlueCross BlueShield. I understand that BlueCross 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

Date