



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

Chamber/Association/Payroll Administrator Name Grand Island Chamber of Commerce
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.
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.

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.
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.

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

Employer's Signature Date
Revised 8/10/2010