

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 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. Submit their most recent NYS-45-ATT to show they are an active business. If a NYS-45-ATT is not available due to a group being newly formed, then the NYS-45-ATT must be within 90 days of the effective date of coverage. If such documentation is not provided, the group will on the 90th day, New groups who have been members of the chamber for 30 days can be set up at any time durin Existing members of the chamber can be set up at Open Enrollment. The appropriate documentation attached to this submission. All paperwork, including applications, must be received by the 15th of the the effective date. 	provided 1 be terminated ig the year. ion must be
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 2 most recent paystubs.	employees'
Name Name	
One or more of my covered employees are not listed on the NYS-45 ATT. If retired or on COBRA en month and year of retirement or COBRA. Enclosed is a copy of the last NYS-45 ATT on which the retire employee on COBRA appeared. Please list owners name(s) not appearing on the NYS-45 ATT and submappropriate IRS schedule listed below.	e or
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. the above information is true and accurate to the best of my knowledge. I understand that enrollment is subject BlueShield of Western New York underwriting guidelines and the Group Health Care contract between the	I certify that to BlueCross

ensure compliance with these guidelines, which may require us to provide verification of our being a legitimate employer

Employer's Signature Revised 8/10/2010

group.

Date