



2019 VBSR-BSR Membership

Healthcare & Benefit Form

Member # (Office Use Only) _____

Effective Date _____

Enrolling in (x). Please send information about (check).

x ✓ EMPLOYEE BENEFITS

BlueCross BlueShield VT Medical Coverage
Must have proof of Worker's Compensation Insurance to enroll

Health Reimbursement Arrangements

Dental
Coverage for groups of 2 or more – 2 plan options

Group STD/LTD

Group Vision

Group Life Insurance
Guaranteed Issue – No Medical Exam

COBRA Administration
Relieve compliance burdens & reduce exposure to fines

Flexible Benefit Plans
Employers reduce taxes. Employees increase take home pay.

Premium only Plans
Employers reduce taxes. Employees increase take home pay.

FMLA/VT Family Leave Admin

BUSINESS SOLUTIONS

R&D Tax Credit Services

Cost Segregation Analysis

Payroll Processing

401(k) Plans

Company Name _____

Type of business (please be specific) _____

Owner/President _____

Membership Contact w/Title _____

Address _____

City/State/Zip _____

Phone _____ e-mail _____

Insurance Broker Name _____

How did you hear about us? _____

Please check one: [] Self Employed [] Sole Proprietor
[] C Corp [] S Corp [] LLC

Total number of full-time equivalents _____

Prior Medical Carrier _____

Please accept my application for BRS Association Health Plan insurance. I understand I must be a VBSR member in good standing to receive access to these plans and services without paying separate BRS membership dues. BRS must be notified directly to cancel.

Signature _____ Title _____ Date _____

To learn more about the VBSR-BSR Association Health Plans, including a description of available plans, please visit <http://www.vbsr.org/vbsr-member-health-insurance-plan>. To learn more about other VBSR membership benefits please call Toby Aronson at 802-862-8347. For more information about benefits available to VBSR members through BRS, please call BRS at 802.865.4560 or visit www.brsvt.com.