



2019 VBSR-BRS Membership

Healthcare & Benefit Form

Member # (Office Use Only) _____

Effective Date _____

Enrolling in (*). Please send information about (✓).

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 BRS 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.