

**Employer Group Enrollment Form for
Chambers/Associations and Payroll Administrators
Sole Proprietor**

Chamber/Association/Payroll Administrator Name: _____

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 Sole Proprietors. A sole proprietor group is defined as an unincorporated business, partnership or corporation whose owner, partner, stockholder is the only active employee, and was not formed solely for the purpose of seeking insurance.

To be eligible for enrollment as a sole proprietor, the following requirements must be met. The applicant must:

1. Submit documentation to show they are an active business
2. Demonstrate that the applicant is a bona fide sole proprietor through the documentation requirements set forth below:
 - a. work at least twenty hours per week
 - b. not be employed by another business that has additional employees or be enrolled in any type of health care coverage under another employer group
3. New groups who have been members of the chamber for 60 days can be set up at any time during the year. Existing members of the chamber can be set up at Open Enrollment. The appropriate documentation must be attached to this submission. All paperwork, including applications must be received by the 15th of the month prior to the effective date.

Owners/Businesses not on NYS-45 ATT - please check all appropriate boxes

- As a sole proprietor, I am enclosing an IRS Schedule C for the most recently filed tax year
- As a sole proprietor, I certify I work at least 20 hours per week

- As a Partnership/S Corp, I am enclosing an IRS Schedule 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

If in business less than 1 year please submit copy of business Bank Statement or cancelled Business Check or Certificate of doing Business or Appropriate Tax Documents

By signing below the employer group or sole proprietor 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 BlueShield of Northeastern New York underwriting guidelines and the Group Health Care contract between the Chamber/Association and BlueShield of Northeastern New York. I understand that BlueShield will conduct annual audits to ensure compliance with enrollment guidelines, which may require us to provide verification of our being a legitimate employer and/or sole proprietor.

Employer's Signature

Date