



BRS Membership Form

Member # (Office Use Only) _____

Effective Date _____

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

x v EMPLOYEE BENEFITS

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: [] Partnership [] Corporation [] Non-profit
[] C Corp [] S Corp [] LLC

Total number of full-time equivalents _____

Prior Medical Carrier _____

BlueCross BlueShield VT Medical Coverage

Health Reimbursement Arrangement (HRA)

Group STD/LTD

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

Family & Personal CFO Services

401(k) Plans

Annual Membership Fee: ~~\$250.00~~ Fee currently being waived!

Membership fees are billed on a calendar year basis. Credit balances are applied to the next membership cycle. No refunds after 30 days.

Please make check payable to Business Resource Services (BRS). Return to BRS, PO Box 9367, S. Burlington, VT 05407-9367.

Please accept my application for membership with BRS. I understand I must be a member in good standing to receive access to member services. BRS must be notified directly if you wish to cancel membership.

Signature _____ Title _____ Date _____

For more information please call BRS at 802.865.4560 or visit www.brsvt.com