



2025 BRS Membership Form

Member # (Office Use Only) _____

Effective Date _____

Enrolling in (Enroll). Please send information about (Info).

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 Non-profit
 C Corp S Corp LLC

Total number of full-time equivalents _____

Prior Medical Carrier _____

Annual Membership Fee: \$265.00

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 your check payable to Business Resource Services (BRS). Payment should accompany this form and mailed to: Business Resource Services, Attn: Membership, 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.

Signature _____ Title _____ Date _____

BRS must be notified directly if you wish to cancel membership.

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

EMPLOYEE BENEFITS

BCBSVT Blue Edge Business Medical Plan

Health Reimbursement Arrangement (HRA)

Group STD/LTD

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

401(k) Plans

BUSINESS SOLUTIONS

R&D Tax Credit Services

Cost Segregation Analysis

ERTC (Employee Retention Tax Credit)

Family & Personal CFO Services