



## 2026 BRS Membership Form

Member # (Office Use Only) \_\_\_\_\_

Effective Date \_\_\_\_\_

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

**x ✓ EMPLOYEE BENEFITS**

☐

**BCBSVT Blue Edge Business Medical Plan**

☐

**Health Reimbursement Arrangement (HRA)**

☐

**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**

☐

**Family & Personal CFO Services**

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 \_\_\_\_\_

**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](http://www.brsvt.com)**