

Bright Choices® Benefits Exchange® —

Group Enrollment Form

Group Enrollment Checklist:

Complete all parts of this Group Enrollment form

Review, sign and return this form to:
TJ at Liazon - tj.baker@liazon.com

Attach the appropriate tax form
If you have employees: attach an NYS-45 (including employees' Social Security Numbers).
If you have no employees: please attach the appropriate tax document for your type of business.

Which tax documents have you submitted with this form?

NYS-45 ____ 1020C ____ 1065-K1 ____ 1120S-K1 ____ Schedule C ____ Other: _____

Tell Us About Your Business		
Member of Chamber/Association:	Ulster County Chamber of Commerce	
Are you a Sole Proprietor (1 employee total) ____ or a Small Group (2-50 employees) ____		
Business Name:		
Business Physical Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Type of Business:	SIC Code:	EIN/TIN#:
Name(s) of Business Owner(s)/Partner(s):		
Key Contact Person:		
Phone:	E-Mail: Billing will Invoice per this E-mail:	

Questions? Call the Liazon Consumer Advocacy Team at 1-866-LIAZON-1 (1-866-542-9661).