



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:
Bouchey & Clarke Benefits, Inc.
Attn: Guilderland Chamber of Commerce
P.O. Box 1616
Troy, NY 12181

Or email to: kdepew@bouchey.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 _____ 1020S _____ Schedule C _____ Other: _____

Questions? Call Bouchey & Clarke Benefits, Inc. at 518-272-9866 or email kdepew@bouchey.com or call the Liazon Consumer Advocacy Team at 1-866-LIAZON-1 (1-866-542-9661).

Tell Us About Yourself

Name:		Date:
Title/Position:		
Phone:	E-Mail:	

Tell Us About Your Business

Business Name:		
Business Address:		
City:	State:	Zip:
Type of Business:		
Name(s) of Business Owner(s)/Partner(s):		
Key Contact Person:	Phone:	E-Mail:
List Any Subsidiaries Subsidiary Name:	Address:	No. of Eligible Employees:
Are you a subsidiary? Yes ____ No ____ If yes, list parent company:		
Do you have a Section 125 Plan (to make pretax deductions for benefits)? Yes ____ No ____		

I certify that, to the best of my knowledge and belief under penalty of perjury, the information listed on this form is true and complete.

X _____
Signature Date