



Business Express Enrollment Checklist

Please provide these items to complete your enrollment.

1.) Complete the online application

Go to MAhealthconnector.org. Provide the information required to establish a Business Express account. Indicate whether each employee is waiving or enrolling in the coverage.

Within five business days of an application provide:

2.) Proof of an eligible Massachusetts small business

For Employer Groups of **five or fewer employees**, we accept:

- ▶ The most recent **valid WR-I** (Quarterly Wage Report) form **(preferred)**;
OR
- ▶ Most recent valid 1040 Schedule C (Profit or Loss from Business) form;
OR
- ▶ Most recent valid 1099 form (if self-employed or sole proprietor).

For Employer Groups of **six or more employees**, we accept:

- ▶ The most recent **valid WR-I** (Quarterly Wage Report) form **(preferred)**;
OR
- ▶ Most recent valid 1040 Schedule C (Profit or Loss from Business) form;

For **new, start-up businesses**, we must receive a WR-I form within six months of the effective date of coverage. In the meantime, you must provide one of the following:

- ▶ Licenses (victualers, plumbing, etc.)
- ▶ Permits for commercial operations
- ▶ Declaration pages of commercial insurance products (property/casualty or worker's compensation)
- ▶ Membership records or receipts from appropriate employer organizations such as the Chamber of Commerce
- ▶ A bank reference (verification that the small business has a line of credit)
- ▶ A report from a credit rating agency
- ▶ Verification from the applicable city or town clerk's office that the small business exists

- ▶ Articles of incorporation filed with the Commonwealth of Massachusetts, or
- ▶ A Temporary Registration Certificate issued by the Massachusetts Department of Revenue

❑ 3.) Signed waiver forms

Waiver forms are **required** for eligible employees who will not take the health insurance that you are offering through Business Express. These waiver forms are required to determine your group's participation rate. They can be completed by employees:

- ▶ Download a [waiver form online](#) and submit to Commonwealth Choice;
- ▶ Call customer service (see contact information, below).

***NOTE:** These waiver forms are not the "Health Insurance Responsibility Disclosure Form" (HIRD Form) that you must collect to comply with the Massachusetts Health Care Reform law. HIRD Forms are available [here](#).*

❑ 4.) Additional Documentation

Commonwealth Choice will contact employers if your chosen health insurer requires additional information.

❑ 5.) Premium Payment

Commonwealth Choice must receive the first month's payment **at least five business days before** your effective date of coverage.

Premiums are payable to Commonwealth Choice at:

Commonwealth Choice
Enrollment Department
554 Main Street
Worcester, MA 01608

Premium payment may also be made via E-Pay, EFT or wire transfer, though charges may apply. Click [here](#) or contact Customer Service for more information.

❑ 6.) Renewal Information

Employer group coverage renews 12 months after the employer group's effective date of coverage.

Employee coverage renews 12 months after the employer group's effective date of coverage - regardless of the employee's effective date of coverage. Monthly premiums are based on the employer group's effective date of coverage and are fixed for the 12-month plan year.

Customer Service Options

Phone: 1-866-636-4654, Monday – Friday, 8:30AM – 5PM.
The TTY line for hearing or speech-impaired callers is 1-888-213-8163.

Fax: 1-508-770-0102

In person or by mail:

Commonwealth Choice Customer Service Center
554 Main Street
Worcester, MA 01608

Metered and garage parking are available nearby.

NOTES

Commonwealth Choice reserves the right to determine whether the documentation provided by the employer is acceptable.

TERMS AND CONDITIONS AGREEMENT

The Terms and Conditions Agreement does not require an employer's signature and does not need to be sent to Commonwealth Choice. The employer's payment of the first month's premium confirms his or her acceptance of this Agreement. Employers should review the Agreement carefully. In accepting the Agreement, an employer is agreeing to all applicable Policies and Procedures and Terms and Conditions. Policies and Procedures and Terms and Conditions are available online at MAhealthconnector.org.