



WR-1 Form

Thank you for applying for health insurance from Blue Cross Blue Shield of Massachusetts.

All group applications are required to include a copy of the Massachusetts Department of Revenue Form WR-1 (Employer's Quarterly Report of Wages Paid) or Form 1-ES (Self-Employed Quarterly Report). If your business is new, we recognize that you may not have filed your business tax forms yet. If this is the case, we will underwrite health coverage for your group under the following condition (provided all other enrollment criteria are met):

You agree to submit a copy of your WR-1 or 1-ES tax form within 90 days of your group's established effective date of coverage. The copy must be submitted to:

Blue Cross Blue Shield of Massachusetts
Small Business and Select Markets Quality Assurance
Landmark Center
401 Park Drive, 01/06
Boston, MA 02215-3326

Should we not receive the required tax form within 90 days, your group coverage will be canceled retroactive to its effective date, and you will be responsible for all incurred claims.

Please sign, date, and return this form in the enclosed self-addressed envelope to indicate your agreement with this condition of coverage.

Thank you.

I agree to submit a copy of my initial Massachusetts Department of Revenue Form WR-1 or Form 1-ES (whichever applies) to Blue Cross Blue Shield of Massachusetts, at the address above, within 90 days of my group's established effective date of coverage. I understand that my group coverage will be canceled retroactive to its effective date of coverage and that I will be responsible for all incurred claims if the tax form copy is not received by Blue Cross Blue Shield of Massachusetts within 90 days of my group's established effective date of coverage.

[Company name]

[Print name]

[Signature and title] [Date]