



Quarterly Wage Report Waiver

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

All group applications are required to include a copy of the Massachusetts Department of Revenue Quarterly Employee Wage & Detail Report of Wages Paid or, if you do not have employees, the applicable IRS tax forms that you are required to file according to your business classification. 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 coverage for your group under the following condition (provided all other small group enrollment criteria are met):

You agree to submit a copy of your initial Quarterly Employee Wage & Detail Report or applicable IRS tax forms that you are required to file according to your business classification within 90 days of your group's established effective date of coverage.

Send your submission to:

Blue Cross Blue Shield of Massachusetts
Small Business Quality Assurance
101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

or email to new.sales@bcbsma.com

If we do 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. Businesses without employees may obtain a waiver extension for up to six months of the original effective date, however, no later than 90 days prior to the first year renewal.

Please sign, date, and return this form to indicate your agreement with this condition of coverage.

Thank you.

I agree to submit a copy of my initial Quarterly Employee Wage & Detail Report or applicable IRS tax forms required according to business classification (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 Blue Cross Blue Shield of Massachusetts does not receive the tax form copy within 90 days of my group's established effective date of coverage.

Company name: Print name:

Signature and title: Date: