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 benefit eligible employee is waiving or enrolling in the coverage.

No later than five business days prior to the requested effective date of coverage provide:

ATTENTION
The eligibility rules around shopping as a small business through the Health Connector have changed in 2014. If you are the owner of a business that has no benefit eligible employees, other than your tax dependents, you will need to re-apply and shop as an individual, instead of as a small business.

This applies to any classification of small business such as sole proprietor, partnership, joint-stock company, LLC, corporation, and others. This also applies to self-employed applicants.

☐ 2. Proof of an eligible Massachusetts small business

For Employer Groups of one (1), we accept:

► The most recent valid Massachusetts Quarterly Employment and Wage Detail Report from QUEST* form (preferred);

OR

► Most recent 1040 Schedule K1 (for partnerships) form;

OR

► Most recent 1040 Schedule C/Schedule C-EZ (Profit or Loss from Business) form;

► Most recent Schedule SE form (1-ES).

For Employer Groups of two (2) through fifty (50) employees, we accept:

► The most recent electronically filed version of Massachusetts Quarterly Employment and Wage Detail Report detailing DOR wages from Quest* (preferred);

OR
► Most recent third party payroll records with FICA withholdings;

For recently, start-up businesses (less than six (6) months prior to the date of the application), we must receive a signed wage report waiver form no later than five (5) business days prior to the requested effective date of coverage.

In the meantime, you must provide
► A signed wage report waiver form; and

For Employer Groups of one (1), provide one (1) of the following:

► Declaration pages of commercial insurance products (property, casualty, or worker’s compensation);
► A bank reference (i.e., verification of small business line of credit);
► A report from a credit rating agency; or
► A business license for a sub-contractor (victualers, plumbing, etc.) accompanied by a letter from a contracting agency verifying it is in a working relationship with the sub-contractor.

For Employer Groups of two (2) through fifty (50) employees, provide one (1) of the following:

► Declaration pages of commercial insurance products (property/casualty or worker’s compensation)
► A bank reference (i.e., verification of small business line of credit);
► A report from a credit rating agency; or
► A business license for a sub-contractor (victualers, plumbing, etc.) accompanied by a letter from a contracting agency verifying it is in a working relationship with the sub-contractor;
► 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

And, provide one of the documents listed above (for established businesses) within three (3) months of the effective date of coverage.

3. Additional Documentation

The Health Connector will contact employers or broker if your chosen health insurer requires additional information.

4. Premium Payment
The Health Connector must receive the first month’s payment **at least five business days before** your effective date of coverage.

Premiums are payable via E-Pay at mahealthconnector.org or by check or money order to the Health Connector at:

Business Express  
Enrollment Department  
554 Main Street  
Worcester, MA 01608

Premium payment may also be made via EFT or wire transfer, though charges may apply. Contact Customer Service for more information.

**Customer Service Options**

**Phone:** 1-888-813-9220, 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:**  
Business Express Customer Service Center  
554 Main Street  
Worcester, MA 01608

*Metered and garage parking are available nearby.*

**NOTES**

The Health Connector 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 the Health Connector. 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 available online at MAhealthconnector.org.

* The Quest form is a quarterly wage report that employers file via the Division of Unemployment Assistance QUEST system. Visit www.mass.gov/uima for more information, user guides and access to QUEST.