

**NEW BUSINESS VERIFICATION**

Thank you for your interest in health care coverage through **Northeast Business Trust**. All group applications are required to submit business tax information. However, because we recognize that as a new business, you may not have filed your business tax forms as yet, we will require that you complete and sign this form.

1. Name of Business \_\_\_\_\_

2. Date business formed \_\_\_\_\_

3. Description of business (type of service provided, please be as detailed as necessary.) Enclose **one** of the applicable supporting items from the following list [Trade Name Registration, Incorporation papers, Tax I.D. # (a copy of the letter on which it is assigned), Tax Resale Certificate or D.B.A Certificate from town, job invoices, receipts, job contracts or Brochures if available.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Specify the names and total number of full time employees, who are enrolling and number of hours worked per week. *(If you are a sole proprietor and the only full-time employee, please indicate.)*

<u>Name</u>	<u>Date of Hire</u>	<u># Hours per Week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree that if necessary, I will submit a copy of my business tax forms to either **NBT** or to the carrier directly, when they become available. I hereby certify that the above information is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
**signature and title**

\_\_\_\_\_  
**date**