



**Northeast Business Trust**

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**Keep for your file.**

## Insurance Partnership Enrollment Instructions

### Employers

1. Employer completes and signs **Insurance Partnership Employer Application** (front and back).

### Employees

1. Employee completes and signs **Medical Benefit Request Form** (usually the 1st four pages) to be forwarded to the Commonwealth of Massachusetts for final determination.
2. Employee and employed family members must send copies of **two recent payroll stubs**.
3. Employee provides proof of **US Citizenship** and **proof of identity** for all family enrollees.
4. Employee and spouse completes and signs **Insurance Partnership Supplemental Affidavit**.

### Self Employed

1. Self employed completes and signs **Insurance Partnership Employer Application**.
2. Self employed completes and signs **Medical Benefit Request Form** (usually the 1st four pages) to be forwarded to the Commonwealth of Massachusetts for final determination.
3. Self employed and all family members must submit their most recent **Federal 1040 tax returns**, including all schedules. These tax returns must be signed and dated.
4. Employed family members must send copies of **two recent payroll stubs**.
5. Self employed provides proof of **US Citizenship** and **proof of identity** for all family enrollees.
6. Self employed and spouse completes and signs **Insurance Partnership Supplemental Affidavit**.

**Please return all forms to Northeast Business Trust**