

VACEplus Employer Information Update Form – 2023/2024 (Can also be found on www.vaceinsurance.com)

Business/Company/Group Name _____

VACE ID _____ (cannot be 7151 – this is on all VACE forms for dental as this identifies VACE Insurance)

Physical Address _____

Mailing address for invoices/ notices

EIN number _____

Contact person for enrollments/changes/updates _____

Tele/cell # for contact person _____ **Email address** _____

Contact person for invoices/billing (if different than above) _____

Tele/cell # for invoice/billing _____ **Email address** _____

How would you like your invoice sent to you – mail or electronically? _____

What Chamber do you currently have a membership with? _____

(This is a requirement for VACEplus Insurance)

What is your new hire probationary period to offer your employee benefits?

1st day of the month after hire/rehire

1st day of the month after 1 month of hire/rehire

1st day of the month after 2 months of hire/rehire

1st day of the month after 3 months of hire/rehire

1st day of the month after ____ months of hire/rehire

Thank you for filling out this form and updating your information. **Even if your information has not changed, we are requiring that this form be filled out and returned to VACE:**

Online: vaceinsurance.com

Email: vacehealth@vtchamber.com

Mail: VACE Insurance, PO Box 810, Montpelier, VT 05601

Fax: 802-223-4257