



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association

SADBUS SURVEY FORM FOR BLUE CROSS BLUE SHIELD OF VERMONT THE VERMONT HEALTH PLAN, LLC

Blue Cross Blue Shield of Vermont sells federal employee health benefit programs, as such we are required by the Federal Government to report business we transact with entities certified by the Small Business Administration.

Please take the time to fill out this form and return to Corporate Accounting, attention Accounts Payable, fax 802-371-3325, or email accountspayable@bcbsvt.com. Thank you.

Vendor Name:

Are you registered with the Small Business Administration under any of the following classifications? (Yes or No)_____

If yes, what type of business are you registered as? (Choose One)

___ Small Disadvantaged Business

___ Women-Owned Small Business

___ Historically Black Colleges and Universities and Minority Institutions

___ HUBZone Small Business Concern

___ Veteran-Owned Small Business Concern

___ Service Disabled Veteran-Owned Small Business Concern

Signature: _____ **Date:** _____