



**BlueCross BlueShield  
of Vermont**

*Independent Licensees 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.

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: \_\_\_\_\_