Employer | Plan Set Up Premium Only Plan

Today's Date | Plan Effective Date

Plan Year Begins | Plan Year Ends | Tax ID No.

BUSINESS INFORMATION

Legal Company Name

DBA Name

Business Type ☐ C Corp ☐ S Corp ☐ Partnership ☐ LLC ☐ LLP ☐ Sole Proprietor ☐ Other ____

MAIN CONTACT INFORMATION - Please provide the address for which the company is domiciled.

Name | Title

Address | City | State | Zip

Phone | ext. | Fax | Email

PLAN INFORMATION

Type of Plan ☐ Premium Only Payment | Will HSA Contributions be included? Yes No

Insurance Plans to be Included ☐ Life ☐ Health ☐ Dental ☐ Vision ☐ Disability ☐ Other ____

Employee Eligibility Requirement First of the Month following ☐ 30 Days ☐ 60 Days ☐ Other ____ | Eligibility Hours Required: ____

Adopting or Amending Plan? ☐ Adopting ☐ Amending

Does the employer offer a Post-Tax Option? Yes No | Does the employer offer a Cash-Out Option? Yes ☐ No

Number of Full-Time Employees ____ | Part-Time Employees ____

Agent/Broker | Set Up Fee **$150.00**

Employer Signature | **Printed Name** | **Date**