Employer | Plan Set Up Premium Only Plan

I.F. IntegraFlex

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**

Note: If there are other Insurance Plans offered, such as Supplemental Products (Aflac, Colonial, etc.) please list those Insurance Plans below (separate plans with a comma between each plan):