

Sales Rep. <hr/>

EMPLOYEE BENEFITS APPLICATION

COMPANY'S INFORMATION

Legal Business: _____

Entity Type: Sole Proprietorship ___ LLC ___ Corporation ___ Partnership ___ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Number of Employees: _____ Number of Employees to be enrolled: _____

Number of Employees insured by other insurance: _____

EMPLOYEES CENSUS : Must list all employees and submit a copy of the latest WR-30 Payroll Report.

1. Employee's Name	Date of Birth	Gender	Weekly Hours	Hired Date
_____	_____	_____	_____	_____

Dependents, if being enrolled in plan

Dependent's Name	Relationship	Date of Birth	Gender
_____	_____	_____	_____
Dependent's Name	Relationship	Date of Birth	Gender
_____	_____	_____	_____
Dependent's Name	Relationship	Date of Birth	Gender
_____	_____	_____	_____
Dependent's Name	Relationship	Date of Birth	Gender
_____	_____	_____	_____

5. **Employee's Name** _____ **Date of Birth** _____ **Gender** _____ **Weekly Hours** _____ **Hired Date** _____

Dependents, if being enrolled in plan

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

6. **Employee's Name** _____ **Date of Birth** _____ **Gender** _____ **Weekly Hours** _____ **Hired Date** _____

Dependents, if being enrolled in plan

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

Dependent's Name _____ Relationship _____ Date of Birth _____ Gender _____

* **Gender:** (M) Male, (F) Female

** **Employment Type:** (I) Independent Contractor, (O) Partner/Owner, (E) Salary/hourly Employee
(P) Part-time (T) Temporary

*** **Contract Type:** (E) Employee only, (ES) Employee Spouse, (EC) Employee Children, (F) Family
(W) Waiver, (C) Cobra

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)