



Health Benefits Administration



Employer Information

Sales Office:		Sales Rep:		Current Date:	
Proposed Effective Date:		RFP Due Date:			
Legal Name of Prospect:				No. of Employees:	
Tax ID #:				DBA:	
Address:					
City:		State:		Zip:	
Contact:				Telephone Number:	
Nature of Business:				SIC:	
Other Locations (<i>City, State, Zip</i>): (attach list if more than 3 locations)				No. of Employee & Total Covered Lives, each location:	
Waiting Period for Eligible Employees: 1st of the month following 60 days.					
Premium Contribution by Employer:					
Alongside Another Carrier:					
Broker (<i>Firm Name</i>):					
Location (<i>Street, City, State, Zip</i>):					
Contact:				Telephone Number:	
Contact:	Travis Bugli, Administrator			Telephone Number:	(818) 357-3490
Contact:	Robert Clarke, GA			Telephone Number:	(661) 373-8922

Date _____

Signature _____

Title _____

Name _____

(Print)