

## GROUP INFORMATION

Group Information					
Group name			Eligibility hours		Effective date
Group contact name			Group Tax ID Number		
Email		Phone number		Fax number	
Address		City		State	Zip code
Shipping or Mailing address (if different from above)		City		State	Zip code
Billing Option <input type="checkbox"/> Hours Trust <input type="checkbox"/> Monthly		Rates <input type="checkbox"/> Tiered Rates <input type="checkbox"/> Composite Rates		First month premium <input type="checkbox"/> All employees covered from first month <input type="checkbox"/> Hours reported (attached)	
Plans sold: (plan name)		(carrier name)		Plans sold: (plan name)	
				(carrier name)	
Plans sold: (plan name)		(carrier name)		Plans sold: (plan name)	
				(carrier name)	
Broker Information					
Broker name		Agency name		Email address	
Commissions payable to		Tax ID: (commission will be reported under this number)		Phone number	Fax number
Payment address			City		State
					Zip code
Broker Information (If more than one broker involved)					
Broker name		Agency name		Email address	
Commissions payable to		Tax ID: (commission will be reported under this number)		Phone number	Fax number
Payment address			City		State
					Zip code