

COMPANY INFORMATION

Name of Company	Account #	() -	() -	Total # Eligible Employees
Company Billing Address	City	State	ZIP	
Company Physical Address (if different from billing address)	City	State	ZIP	
Employer/Owner/Decision-Maker	() -	Phone Number	Email Address	
Company Billing/Payroll Contact (Person who handles deductions)	() -	Phone Number	Email Address	
Does Company use <input type="checkbox"/> payroll company or <input type="checkbox"/> accountant?				
Payroll Company or Accountant (if applicable)	() -	Phone Number	Email Address	

BILLING INFORMATION

1. Premiums are deducted: (check one)
 weekly (52)
 bi-weekly
 semi-monthly
 monthly

2. Payments will be sent: (check one)
 weekly (52)
 bi-weekly (26)
 semi-monthly (24)
 monthly (12 bills)
 monthly (12 bills -4/4/5)
Circle Payroll Deduction Day of the week
M T W TH F SA SU
 monthly (12 bills -2/2/3)
Fill in the Employer's 1st payroll deduction of the calendar year
 mm dd yyyy
 semi-monthly (20 bills) gov/schools
 9 monthly (9 bills) gov/schools
 10 monthly (10 bills) gov/schools
 every 4 weeks (13 billings per year)
Requires senior management approval

3. Request Online Billing **Yes** **No**
4. Type of Business (Give Details) _____
5. Date Company was established mm / yyyy (Must be at least 1 year old)
6. Enrollment Period From mm / dd Through mm / dd
 First Deduction Date mm / dd / yyyy Policy Effective Date mm / dd / yyyy
7. Employees should be listed on billing in what order? (check one)
 Alpha
 SS#
 EE#
8. Are any of the employees leased? **Yes** **No**

SECTION 125 SPECIAL INFORMATION

1. Are existing Payroll Deduction policy premiums being redirected to allow pre-tax salary reductions? **Yes** **No**
 If "yes," premiums must be shown on the employee's election forms and employees listed on the New Business form.
2. Section 125 policies should be billed: **on the same billing as other policies** **on a separate billing**

AO #: _____ Agent Number: _____ Agency Number: _____