



MASTER APPLICATION

Agent Name/Number: _____

Group Information

Group Name: _____

Group Address: _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Product/Plan Description

(Please Circle one)

Effective Date: _____

Voluntary

Employer Paid

Plan Name/Choice Program

Deductible

Rates

1. _____

\$ _____

\$ _____

\$ _____

\$ _____

2. _____

\$ _____

\$ _____

Probationary Period

1st following _____ days

\$ _____

____ days following date of hire

\$ _____

Additional Information

Items to Attach:

Wage & Tax Statement

Prior Carrier Bill- if applicable and

Enrollment Forms

Prior Carrier Benefit Summary- if applicable