



Initial Client Information

Employer's Legal Name:

Mailing Address: City: State: Zip:

Street Address: City: State: Zip:

Tax ID: Industry: (Ex. Bank or Retail)

Divisions: Is Separate billing needed for divisions? Yes* No

***If Yes - Divisional billing notes:**

Type of Company: (Circle One) C-Corp. S-Corp.* Partnership Sole Prop. Non Profit Other:

* A self-employed individual, partner or person who owns more than 2% of the outstanding stock is not eligible to enroll

Total Number of Employees: Number of Benefit Eligible Employees:

Primary Contact

Primary Contact: Title:

E-Mail: Telephone: () Fax: ()

Broker

Agency: Broker:

Copy Broker on all set-up, renewal and escalated emails: Yes No

E-Mail: Telephone: ()

Plan Information

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> COBRA
<input type="checkbox"/> Commonwealth Health Connector
<input type="checkbox"/> Commuter Choice (Parking & Transit)
<input type="checkbox"/> Flexible Spending Accounts (FSA) | <input type="checkbox"/> Health Reimbursement Arrangement (HRA)
<input type="checkbox"/> Health Savings Accounts (HSA)
<input type="checkbox"/> Premium Conversion Plan (POP)
<input type="checkbox"/> Tuition Reimbursement
<input type="checkbox"/> Wellness Reimbursement |
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Intended BSL Effective Date: Fiscal Year End Date:

Plan Year: (Ex. January 1 - December 31)

- Short plan year (If short plan is FSA- Proration of Dependent Care election is required, Health Care is recommended)

Plan Notes:

(please note here if plan start dates or effective dates are different for multiple plans)