

Legal Name of Business/DBA	
Full Business Address	
Current Carrier Information (If plan is currently in-force)	<i>Please attach Renewals, SBCs, Invoices, etc.</i>
Current Effective Date (If applicable)	
Requested Effective Date:	
Waiting Period:	
Total Number of FT Eligible Employees (W2):	
Number of Employees Currently Enrolled in Benefits:	
Employee Only:	
Employee + Spouse:	
Employee + Child (ren):	
Family:	
Number of Waivers (Valid Waivers Include: Spousal, Veterans, Medicare, Medicaid)	
Employer Contribution %	
Group Contact:	

Special Considerations:

Broker/Agency Name:

Phone	
Email	

Please note: Groups located outside NY must complete additional Employee Census