

Benefit Design Group, LLC

For Groups 1 - 50 Eligible Employees Only

New Group Information Form

Account Name: _____
Account Address: _____
Telephone Number: () - _____
Fax Number: () - _____
Nature of Business: _____
SIC Code (if known) _____
Federal Tax I.D.: - _____
President/Owner: _____
Contact Person: _____
Contact Person's Title: _____

Waiting Period For New Hires: All applicants must meet this waiting period
1st of the month following: (check one)
 date of hire 30 days 60 days
 90 days 6 months 1 year
Other: _____
Prior Group Carrier: _____
Contribution Formula: % Employer % Employee
Number Eligible: _____
Plan Effective Date: _____
Check #: _____
Check Amount: \$ _____

<u>COVERAGE BREAKDOWN OF CONTRACTS</u>	<u>QUARTERLY WAGE & TAX REPORT (DLLR/OUI 16) BREAKDOWN</u>
_____ Individual	_____ Full-Time Employees
_____ Individual/Child(ren)	_____ Part-Time and Seasonal Employees
_____ Individual/Adult	_____ Waivers
_____ Family	_____ Terminated
_____ TOTAL ENROLLED	_____ TOTAL THAT APPEAR ON REPORT
	_____ Enrolled but do not appear on report

SPECIAL NOTES OR COMMENTS

Commission Agent/%: _____

Sub Agent: _____

Date: _____

Sub-Agent Signature: * _____

BDG Signature: * _____