



Data Requirements for Web Entry

Company Information

Company Name: _____

Phone: _____ Street Address: _____

City/State/Zip: _____

Benefits Contact: _____ Email: _____

Email Address to send ePOP Document to: _____

State of Legal Construction: _____ Federal Tax ID Number: _____

Is this a Church or Government? _____ Legal Entity Type: _____

Effective Date: _____ Plan Year End: _____

Eligibility Requirements

Waiting Period: _____ Hours per Week: _____ Months per Year: _____

Date of Eligibility: First of Month following waiting period.
Immediately following the waiting period.

Are Union employees eligible? _____

Core Benefits

Core Benefits being offered on a pre-tax basis (select all that apply)

Health: HMO PPO POS

HSA:

Vision:

Dental: Orthodontia covered?

Group Term Life:

Voluntary: Disability Cancer Accident Hospital Confinement Bridge/Gap

Other:

Affiliates

Affiliated Employer Name #1: _____

Affiliated Employer Name #2: _____

Affiliated Employer Name #3: _____