

Company Profile Information

Fax Back to: 215-359-1375 or Email: Sales@1StopBenefits.com

Company Name: _____ Plan Effective Date: _____

Main Address: _____ City, State: _____ Zip: _____

Type Business: _____ Type Entity: _____

Decision Maker: _____ Contact: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ Website: _____

Current Carrier: _____ Total Number of Full-time Employees: _____

Employer Premium Contributions: Single: _____ Dependents: _____

Current Plan: Copay: _____ Hospital Cost: _____ Rx Card: _____

Type Contract(s): HMO _____ POS _____ PPO _____ Referrals Needed: _____

Comment: _____

Options Plans Desired: Dental: _____ Vision: _____ Disability: _____ Life: _____
Long Term Care Inc.: _____ Medical Gap Plans: _____ Voluntary Supplements: _____

Tax Savings Plans: Premium Conversion Plan: _____ FSA: _____ HSA: _____ HRA: _____

