

Employer Application Form



This application is hereby made with Eternal Benefits for enrollment of eligible members in accordance with the contract of the employer named below for coverage subject to the group meeting group eligibility.

Group Effective Date: _____ End Date: _____ Group ID: _____

Check all that apply: Preneed Final Expense

EMPLOYER INFORMATION *(Required)*

1. Legal company name

Fed Tax ID _____ SIC code _____
Street address _____ City _____ State _____ ZIP _____

2. Decision contact name _____ Phone _____ Fax _____
Street Address _____ ZIP _____
City _____ State _____ E-mail _____

3. Billing contact name _____ Phone _____ Fax _____
Street Address _____ ZIP _____
City _____ State _____ E-mail _____

4. Broker contact name _____ Broker agency _____
Is this your broker of record? Y N

CLASSIFICATION OF COVERED EMPLOYEES

The group agrees that membership enrollment applications will be submitted only for eligible employees subject to the enrollment provisions set forth in the contract and subject to the following eligibility guidelines. Member enrollment applications should be submitted no later than 30 days prior to the effective date.

5. Eligible employee definition *(check one)*: Full-time only Full-time and part-time *(20 hours or more)*

ENROLLMENT

6. Class description *(i.e., hourly and salary employees)*: _____ Class #: _____
Waiting period for new hire *(cannot exceed 90 days)*: _____
Employer contribution Single: _____ Employee + Spouse: _____ Parent / In law: _____ Children: _____ Grandparents: _____
Employees will be terminated *(check one)*: End of month Date of termination

Please print

PAYMENT

7. Payroll Cycles

How many payroll cycles does the company have each year: _____

INTERNAL USE ONLY

Rep code: _____ Broker #: _____ Parent group ID#: _____

Facets group type: Employer Group Chamber Association

Group size: Large Small

Total replacement? Y N Send bill to: Group Subgroup Broker

Specialty products: Preneed Final Expense

Special Instructions (billing requirements, additional locations, reporting requirements, etc.):

SIGNATURE AUTHORIZATION

Please Note: Benefits and rates are made a part of this application and will NOT be altered or modified, unless approved by the carrier or statutorily mandated. Requests for changes to this application must be made in writing.

Broker, if applicable: I hereby attest to the content contained herein for the employer named on this form. I warrant and represent that I am authorized by said employer to make this attestation on its behalf and will provide documentation of such authority upon request.

Employer's signature: _____ Date: _____

Print name: _____

Employer's title: _____

Broker's signature: _____ Date: _____

Print name: _____



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