

## Employer Information

Legal Business Name \_\_\_\_\_

Doing Business As (DBA) \_\_\_\_\_

Federal EIN \_\_\_\_\_ Business Start date \_\_\_\_\_

**BusinessType:**

**SIC Code:** \_\_\_\_\_ <https://siccode.com/sic-code-lookup-directory>

**FullTime hours** \_\_\_\_\_ (Min average hours per week for an employee to be considered full time. 30 hours/wk considered fulltime)

**Payroll Frequency:**

**WaitingPeriod\*:**

\*(Min. days from hire date that an employee must wait before they are eligible for coverage. Coverage would start on the first day of the month following group's eligibility Waiting Period).

**PEPM \$** \_\_\_\_\_

**Locations:**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Is this location the primary location/headquarters?

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

**Primary Employer Contact/Admin (with Signatory Permission):**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_

**Secondary Employer Contact/Admin:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_