IMPLEMENTATION DETAILS

Provide a completed ER application or complete the form below. ***NOTE: Data requested within the red shaded cells must be provided since the information is required for an accurate setup and it is not included in the ER application.***

EMPLOYER INFORMATION

Company Name: ____________________

Company Address: ____________________

City: ____________________ State: __________ Zip: __________

Contact Name: ____________________ Phone: ____________________

Email: ____________________

BENEFITS INFORMATION

Enrollment Start Date: ____________________ Enrollment Close Date: ____________________

Waiting Period: ____________________ Pay Periods: 12 24 26

Sold MEDICAL Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

Base Plan: ____________________

Contribution Style: % of Premium Defined $ Contribution Details: ____________________

Sold DENTAL Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

Base Plan: ____________________

Contribution Style: % of Premium Defined $ Contribution Details: ____________________

Sold VISION Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

Base Plan: ____________________

Contribution Style: % of Premium Defined $ Contribution Details: ____________________

Sold LIFE Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

Sold LTD Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

Sold STD Carrier: ____________________ Effective Date: ____________________

Sold Plans: ____________________

EMPLOYEE INFORMATION (* is optional; however, the more details provided, the more accurate the enrollment)

Please provide an employee census with the following details:

→ First and Last Name → Email Address →Date of Birth

→ Date of Hire → Home Zip Code →Social Security Number*

BROKER INFORMATION

Broker Name: ____________________

Contact (during enrollment): ____________________ Phone: ____________________

Email: ____________________

Submit the completed form to your b&p Sales Team or bpEnroll@beerepurves.com. Please call 888-722-3373 for assistance.