

COMPANY INFORMATION

We Would Like a Quote for:

-]-A POP Plan
-]-Flexible Spending Account Administration
-]-COBRA Administration
-]-Hidden Paycheck Statements

Company Name _____ Company Startup Date _____

Street Address _____ City _____ State _____ ZIP _____

Primary Business _____ SIC Code _____

Number of Other Locations _____ Zip Codes of Other Locations _____, _____, _____

No. of Full-Time Employees _____ No. Insured Under Medical Plan _____ Eligibility Period _____

Are You a Member of the Orlando Regional Chamber of Commerce?]-Yes]-No

Current Benefit Information

Check the Benefits You Currently Have:

-]-Pretaxing of Premiums under a "POP" Plan?
-]-Flexible Spending Accounts"
 Check One: Our Flex Plan is Administered by:]-Us]-An Outside Administrator

-]-Group Medical Insurance.
 This Medical Insurance is Check One:
 -]-Company-Paid
 -]-Employee-Paid
 -]-Company Pays For Employees, Employees Pay for Dependents
 -]-Other _____

- | | | |
|---|---|--|
| <input type="checkbox"/>]-Group Life Insurance | Check One: <input type="checkbox"/>]- Company-Paid | <input type="checkbox"/>]-Employee-Paid |
| <input type="checkbox"/>]-Dental Insurance | Check One: <input type="checkbox"/>]-Company-Paid | <input type="checkbox"/>]-Employee-Paid |
| <input type="checkbox"/>]-Short-Term Disability Income | Check One: <input type="checkbox"/>]-Company-Paid | <input type="checkbox"/>]-Employee-Paid |
| <input type="checkbox"/>]-Long Term Disability Income | Check One: <input type="checkbox"/>]-Company-Paid | <input type="checkbox"/>]-Employee-Paid |

Other Benefit Plans Offered (Describe):

Professional Benefit Plans
890 Northern Way, Suite C-1, Winter Springs, FL 32708
Fax 407-365-2555 Telephone 407-366-4252