



Premium Only Application Form

Type of Plan

- Premium Only with annual renewal service
- Premium Only Plan Documents ONLY

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Federal Tax ID Number _____

Employer Entity:
 S Corp Corporation Partnership Sole Prop Non Profit State of Incorporation _____

Note that 2%+ owners in an S-Corp, Partners in a partnership, members of an LLC and sole-proprietors may not participate in a Flex Plan.

| | |
|--|---------------------|
| Corporate President, Owner or Managing Partner | Corporate Secretary |
|--|---------------------|

| | | |
|--|-------|-------|
| Plan administrator contact (all plan info will be sent to this individual) | Phone | Email |
|--|-------|-------|

| | | |
|---|----------------------------|-------|
| Payroll contact name (reports info will be sent to this individual) | Phone number and Extension | Email |
|---|----------------------------|-------|

| | | | |
|---------------------|--------------------------|------------------------|--|
| Is this a takeover? | This will be Plan Number | Plan Start & End Dates | Enrollment and Re Enrollment Details <input type="checkbox"/> Premiums are Automatically Pre Taxed <input type="checkbox"/> Premium Enrollment Required (sign form) |
|---------------------|--------------------------|------------------------|--|

Select the benefits offered under the premium only portion of the plan: (check the benefits you offer)

- Health Ins. Dental Ins. Disability Ins. (if cost is pre taxed—then benefits are taxable) Ortho Coverage
- Vision Group-Term Life (up to 50k) Other _____ (voluntary plans should be listed)

\$ _____ "Documents ONLY" Fee \$ _____ Docs & Annual Review/Renewal Service Fee \$ _____ Non Disc Test? If so, Fee _____ Fees Paid by (broker/client) Send Docs to Client ONLY Send Docs to Broker ONLY Send to both

Broker Information:

Company/Agency Name _____ Broker Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address _____

NOTES: _____

Return all information to :PAYPRO ADMINISTRATORS
 Attn: Sales—or email to Sales@PAGROUP.US
 6180 QUAIL VALLEY COURT . RIVERSIDE, CA 92507
 800.427.4549 . 951.656.9273 . 951.656.9276 fax