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Company Information Form

Company Details				Group #:
Company Name:				
Type of Company:				
Company Federal Tax ID:				
Number of Employees:				
Plan Type:		Self-Funded Group Plan		
Phone:				
Fax:				
Address:				
City, State, Zip:				
		Company C	Contact Details	S
Main Company Contact		Name:		
		Position:		
		Email:		
		Phone:		
Broker/Agent				
Phone				
Type of Payment Monthly	ACH or Invoiced		Prorated 1st N thereafter:	lonth - start 1st of each month //2024
Effective Start Date of Group #:				