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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 Contact Details

Main Company Contact	Name:
	Position:
	Email:
	Phone:

Broker/Agent		
Phone		
Type of Payment Monthly	ACH or Invoiced	Prorated 1st Month - start 1st of each month thereafter: ___/___/2025
Effective Start Date of Group Plan: ___/___/2025 Group #: _____		