



Five Points Benefit Plans, LLC  
 6006 N. Mesa Street - Suite 108  
 El Paso, Texas 79912

Tel: 915 - 803-4198  
 Fax: 915 - 519-0261  
[Isaac@fivepointsmecplan.com](mailto:Isaac@fivepointsmecplan.com)

## Company Information Form

### Company (Group Plan) Details

Group #:
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Company Name	
Type of Company	
Tax ID:	
Number of Employees:	
Plan Type:	Employer Group Self-Funded Benefit Plan
<b>Phone:</b>	
<b>Fax:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	

### Company Contact Details

<b>Main Company Contact</b>	<b>Name:</b>
	<b>Position:</b>
	<b>Email:</b>
	<b>Phone:</b>

<b>Broker/Agent</b>	
<b>Phone</b>	
<b>Type of Payment</b>	

<b>Effective Start Date:</b>
<b>Employer Group #:</b>