



Select Employer Group Application

Please complete all sections of this application and return.
If an item(s) is not applicable, please indicate N/A.

1. Company/Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Website _____

2. Company/Organization Contact Person _____

Title _____ Phone _____ Email _____

3. Location(s) of any regional offices or subsidiaries (please attach a listing if needed)

4. Describe Principal Business/Group Activity: _____

5. Number of Employees within the Company/Organization: _____

6. Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

7. Employee Payroll Frequency: Weekly____ Bi-weekly____ Bi-monthly____ Monthly____

8. Does the company offer payroll deduction or direct deposit services to employees? Yes____ No____

Signature and Title of Authorized Representative of Company/Organization:

Signature _____ Title _____ Date _____