

Group Plan Request Email or Fax Completed Form info@michellecrawfordbenefits.com Fax: 706-568-9979

Group Name: JBH Logistics, LLC

Group Address: 303 Bradford Way City: Peachtree City State: GA Zip: 30269

Effective Date: 04/01/2019 Business Description: Logistics & Transportation

Please make sure to include everyone including dependents full names, birthdates and home zip to ensure a complete and timely quote.

List employees above their dependents. Coverage type definitions to include:

EMP: Employee Only

ECH: Employee and Children

ESP: Employee and Spouse

FAM: Family

W: Waived

| Last Name | First Name | Birthdate | Gender | Relationship | Home Zip | Medical Coverage Type | Dental Coverage Type | Vision Coverage Type | Life & Disability Coverage Type | Salary Needed for Life & Disability |
|-----------|------------|------------|--------|--------------|----------|-----------------------------|----------------------------|----------------------------|--|--|
| Smith | Joe | 00/00/0000 | М | Employee | 00000 | ESP | EMP | EMP | EMP | \$000000 |
| Smith | Jane | 00/00/0000 | F | Spouse | 00000 | ESP | W | W | W | |
| Hershey | Jeffrey | 01/02/1960 | Μ | Employee | 30269 | EMP | EMP | | | |
| Hershey | Kim | 02/13/1960 | F | Employee | 30269 | EMP | EMP | | | |
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