

Group Demographic Information			
Group Name		Distributor Name	
Tax ID			
Corporation Type: <i>S Corp</i> <input type="checkbox"/> <i>LLC</i> <input type="checkbox"/> <i>C Corp</i> <input type="checkbox"/> <i>Other</i> _____			
Street Address <i>Should coincide with Situs State</i>			
Primary Billing Contact	Name		
	Title		
	Phone		Email
Authorize To Contact Payroll Company <input type="checkbox"/>		MEC Included <input type="checkbox"/>	
Total Group Size <i>(number of lives)</i>		Effective Date	
Payroll Information  <i>*Please also attach a copy of current Annual Payroll Calendar</i>	Frequency		Paycheck Issue Day
	Payroll Submission Lead Time <i>(i.e. 3 business days)</i>		
	Payroll Calendar Provided <input type="checkbox"/>		
Payroll Vendor/System Information	Vendor		Contact Name
	Contact email		
	Company Code		
Additional Locations Requiring Separate Banking FEIN    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Location Name		Address	FEIN Number

- Prior to Open Enrollment/Desired Effective date, we will require:
  - Signature of client on Cafeteria 125 Adoption Agreement Paperwork
  - A blank/voided check for the payroll account    As applicable, for multiple locations
  - A microtransaction to occur to ensure debit and credits occur simultaneously on agreed time frame.





## Client Contact Form

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<b>VIP and Paycheck Question Answerer Information</b>	<i>Name</i>
	<i>Title</i>
	<i>Email</i>
	<i>Phone</i>
<b>Owner Information</b>	<i>Name</i>
	<i>Title</i>
	<i>Email</i>
	<i>Phone</i>
<b>Payroll Contact Information</b>	<i>Name</i>
	<i>Title</i>
	<i>Email</i>
	<i>Phone</i>
<b>Team Management Information</b>	<i>Name</i>
	<i>Title</i>
	<i>Email</i>
	<i>Phone</i>
<b>Name of Person who will execute the cafeteria agreement</b>	<i>Name</i>
	<i>Title</i>
	<i>Email</i>
	<i>Phone</i>

