



Participating Employer Information Form

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Main Office Phone: _____

Corporate Address if Different from Above

Address: _____

City: _____

State: _____ Zip: _____

Main Office Phone: () _____

Benefits Coordinator/Contact

Name: _____

Email Address: _____

Phone: () _____

Type of Business: _____

Number of Employees: _____

Enrollment Date: _____