

New Group Set Up Form - *all fields are required*

EFFECTIVE DATE	ER PAID <input type="radio"/>	EE PAID	PEPM or Monthly Cost \$25 per employee/month	CONSULTATION FEE <input type="radio"/> \$0 <input type="radio"/> \$
Add CuraLinc	YES	NO	Add Workers' Comp YES <input checked="" type="checkbox"/> NO	Add PontRX YES
GROUP NAME		# PRIMARY MEMBERS		
GROUP ADDRESS		CITY	STATE	ZIP CODE
HR DIRECTOR NAME		HR DIRECTOR EMAIL ADDRESS		HR DIRECTOR PHONE #
BILLING CONTACT NAME		BILLING CONTACT EMAIL ADDRESS		BILLING CONTACT PHONE #
BENEFITS ADMINISTRATOR NAME* <small>*only complete if different from HR Director</small>		BENEFITS ADMIN EMAIL ADDRESS*		BENEFITS ADMIN PHONE #
DECISION MAKER NAME				DECISION MAKER PHONE #
DECISION MAKER TITLE		DECISION MAKER EMAIL ADDRESS		
PRODUCER NAME		PRODUCER FIRM	PRODUCER EMAIL ADDRESS	
ACCOUNT MANAGER NAME		ACCOUNT MANAGER EMAIL	CENSUS SUBMISSION <input type="radio"/> Group Management Portal <input type="radio"/> Check here if you need portal access	
PAYMENT SUBMISSION <input type="radio"/> Invoice				

SPECIAL INSTRUCTIONS

- ☐ Contact client directly to set up billing
- ☐ Self pay on the 20th of each month if RelyMD invoices

Submitted By: ForTheBenefits.com/DBDC LLC

Date Submitted: