

**EMPLOYER GROUP SET-UP INFORMATION SHEET**

**GROUP INFORMATION:**

Employer Name: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City-State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**MEMBER INFORMATION:**

Eligible Members: \_\_\_\_\_ Enroll Start Date: \_\_\_\_\_

(Employees working 30 hours a week average) Enroll End Date: \_\_\_\_\_

Do you currently offer any employee benefits? \_\_\_\_\_

Are you moving benefits from another carrier? \_\_\_\_\_

If so, how many employees are in the current benefit plan? \_\_\_\_\_

**PAYROLL BENEFITS & MATCHING:**

Employees will have access to: Indemnity Health, Dental, Vision, & Term Life

Employer Matching (select one):  None  25%  50%  75%  100%

Pay Frequency: (select one):  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Brokerage Information	Deduction Notice
<b>Agency:</b> The Insurance Shop <b>Phone:</b> 888.611.7467 <b>Fax:</b> 888.583.3110 <b>E-mail:</b> benefits@insuranceshopllc.com	All employee benefit deductions will be deducted by your payroll provider via the payroll process. Deductions will begin one month in advance of benefit effective date. Effective dates must be at least 30 days after the time each employee completes the enrollment form.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\*Please fax form to your payroll company and to 888.583.3110. Or e-mail to [benefits@insuranceshopllc.com](mailto:benefits@insuranceshopllc.com).