



GROUP APPLICATION

Agent: _____ Group ID: _____ Date: _____

Internal Use Only

Member of: LANJ

EMPLOYER INFORMATION	CONTACTS
Company: _____ Address: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____ FEIN/TAX ID #: _____	BILLING CONTACT Name: _____ Title: _____ Email: _____ ELIGIBILITY CONTACT <input type="checkbox"/> <i>Same as above</i> Name: _____ Title: _____ Email: _____ HR CONTACT <input type="checkbox"/> <i>Same as above</i> Name: _____ Title: _____ Email: _____
CARD PROGRAM	
Effective Membership Date: ____ / ____ / ____ Number of Eligible Employees: _____ Send Membership Kits To: <input type="checkbox"/> Employees (EE) <input type="checkbox"/> Employer (ER)	

PACKAGE SELECTIONS

Plan Name	Benefits	ER Paid Price	EE Paid Price
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CONFIRMATION

Signature: _____ Today's Date: _____

Print Name and Title: _____ Agent Name: _____