



Group Life/AD&D Coverage

EMPLOYER PARTICIPATION AGREEMENT

Company Name:		Company Phone Number ()
		Company Fax Number ()
Plan Administrator Name:		Plan Administrator Phone Number ()
		Plan Administrator Fax Number ()
Address (Street)		City, State, ZIP Code + four
Effective Date of Coverage:	Taxpayer ID Number:	Eligibility Waiting Period: _____ Minimum # of weekly hours worked to be eligible: _____ (Eligibility requirement cannot be less than 20 hrs per wk)

Type of Business (Please be specific):	SIC Code:
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Broker Name:	Broker Phone #
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<p>Basic Life/AD&D: <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> I elect to decline both options</p> <p>Option 1: Level Benefits: Flat \$50,000 100% Employer Paid.</p> <p>Option 2: Level Benefits: Flat \$25,000 100% Employer Paid.</p> <p>Check for the first month's premium enclosed, payable to Business Resource Services, in the amount of \$ _____</p>
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<p>PARTICIPATION QUALIFICATIONS:</p> <p>The undersigned employer attests that it meets all the following Participation Qualifications: The undersigned employer is, or will become, a member in good standing with Business Resource Services (BRS). The undersigned employer understands there is a discounted monthly administration fee of \$12.00, which is contingent upon maintaining an active BRS membership. Basic Life/AD&D plan must be 100% employer paid with 100% total eligible employees enrolled.</p>

Signature:		Date:	
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