

Health Plan Administrators, LLC

54 Westchester Drive, Suite 20

Austintown, Ohio 44515

Phone: 330-953-2307

Fax: 330-953-2310

Requested Effective Date: _____

Tax ID/FEIN: _____

Group Name	Address	City	State	Zip

Contact Person(s) Name: _____ Contact Phone: _____

Contact Address: _____

Contact Email: _____ Contact Fax: _____

Billing Address: _____

Type of Business: _____ SIC Code: _____

Type of Coverage Request: Check all that apply

Medical	Dental	Vision	RX	HRA	FSA	Life	COBRA
					POP Only		

Current Administrator/Carrier for Medical, Dental, Vision, and RX: _____

Is your group subject to COBRA? (*if applicable*) YES _____ NO _____

If yes, who is the current COBRA Administrator: _____

Current FSA Administrator: (*if applicable*) _____ POP only _____

Current HRA Administrator: (*if applicable*) _____

Are any benefits subject to bargaining agreements: YES _____ NO _____

Other Locations: Yes _____ No _____ If yes, please list all other locations, name, and address below.

Name: _____ Address: _____

Name: _____ Address: _____

Signature of Authorized Person	Title	Printed Name	Date