



ASI Employer Group Application

Administration for the following New Service(s):

- COBRA
- Cafeteria Plan Document Only (POP)
- Self Funded Medical Wrap Plan
- Consolidated Billing
- Family Medical Leave Act Admin
- Medical Expense Reimbursement Plan
- Self Funded Dental
- San Francisco HRA
- Cafeteria Plan Administration
- Health Reimbursement Account
- Self Funded Vision

Entity Type (Please check one):

- Corporation (including Tax-exempt or Non Profit Corporation)
- Partnership
- Limited Liability Company - if LLC please specify the taxation status -
 - a Partnership or Sole Proprietor
 - a Corporation
 - a S-Corp
- Sole Proprietor
- Non-Profit Corporation
- C-Corp
- S-Corp
- Government Entity
- Professional Service Corp

Please provide the following information:

NAME OF CONTRACTING ENTITY

Group Address _____
Street City State Zip

Group Contact Person _____ Group Contact Email Address _____

Group Tax ID # _____ Group Phone # _____ Group Fax # _____

Please check here if multiple brokers for different lines of coverage

BROKER/AGENCY NAME

Broker Address _____
Street City State Zip

Broker Contact Person _____ Broker Contact Email Address _____

Broker Tax ID # _____ Broker Phone # _____ Broker Fax # _____

Is ASI currently administering any other types of plans for your group? YES NO

→ **If yes**, please indicate what plans we are administering _____

Please complete the set up forms for the administration of the new services indicated above.