## **Company Information**

| Date:   |  |                                 |                                     |                         |               |
|---|--|---------------------------------|-------------------------------------|-------------------------|---------------|
|   |  | General In                      | formation                           |                         |               |
| Address:  | 6  |                                 |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
|   |  | 355                             |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
| Industry:   |  |                                 |                                     |                         |               |
| SIC Code:   |  |                                 |                                     |                         |               |
| Employer Contribution:  | Employees: %                                   | Dependents %                    | 6                                   |                         |               |
| Probationary Period:  |  | _                               |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
| Are employees classed?  | Yes  | No                              | If so, please outline:              |                         |               |
|   |  |                                 |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
|   |  |                                 |                                     | 244                     |               |
|   |  |                                 |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
| Complete all infor  | mation below to the best                       | of your knowledge <u>or you</u> | may forward a copy of your cu       | rrent/renewal plan sumn | naries to us. |
|   | Please forward via email                       | to jennifer@nwbenefitso         | lutions.com, or fax to 425-284-6    | 6609 Attn: Jennifer     |               |
|   |  |                                 |                                     |                         |               |
|   |  | Medical In                      | formation                           |                         |               |
|   |  |                                 |                                     |                         |               |
| Carrier:  |  | _=                              |                                     | <u>Rates</u>            |               |
| Deductible:   |  |                                 |                                     | Current                 | Renewal       |
| Copay:  |  | -                               | Employee                            |                         |               |
| Coinsurance:  |  |                                 | Employee/Spouse                     |                         |               |
| Vision included?*   | Yes  | No                              | Employee/Child(ren)                 |                         |               |
| *If vision plan and rates a   | are not included, pleas                        | e list below                    | Employee/Family                     |                         |               |
|   |  |                                 |                                     |                         |               |
| Dental Information  |  |                                 |                                     |                         |               |
| No. 1 1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |                                 |                                     |                         |               |
| Carrier:  |  |                                 |                                     | Rates                   |               |
| Deductible:   |  | <del></del>                     | 17958 645 3040 VID 1274             | Current                 | Renewal       |
| Annual Max Payout:  |  | <del>-</del>                    | Employee                            |                         | -3372-00-0    |
| Coinsurance:  |  | _                               | Employee/Spouse                     |                         |               |
| Class A:  |  |                                 | Employee/Child(ren)                 |                         |               |
| Class B:  |  | <del></del>                     | Employee/Family                     |                         |               |
| Class C:  |  | -                               |                                     |                         | 7.61 1957     |
| Orthodontia included?   | Yes  | <br>No                          |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
|   |  | Life Insurance                  | and AD&D                            |                         |               |
|   |  |                                 |                                     |                         |               |
| Carrier:  |  |                                 | Rates                               | (Per \$1000 of coverage | <u>(e)</u>    |
| Life Coverage:  |  | <del>-</del> 01                 |                                     | Current                 | Renewal       |
|   |  |                                 | Employee                            |                         |               |
| Spouse/Dependents:  |  | -                               | Child Rate                          |                         |               |
| AD&D Coverage:  |  | -                               |                                     |                         |               |
|   |  |                                 |                                     |                         |               |
| Spouse/Dependents:  |  | -                               |                                     |                         |               |
| -1  |  | -                               |                                     |                         |               |
|   |  | Vision Plan Ir                  | formation                           |                         |               |
| Only complete this section if your vision plan is not included in your medical plan benefit |  |                                 |                                     |                         |               |
|   | 스러워의 - 4이 전 사용하면 보이 이 이 사용하는 것이 없어 하는 것으로 하였다. | [2014][1]                       | is not moraucu in your met          | Rates                   |               |
| Evan consu  |  | -0                              | Г                                   |                         | Renoval       |
| схапі сораў:  |  | -9                              | Employee                            | Current                 | Renewal       |
| Hardwara savers   |  |                                 | Employee /Spause                    |                         | -             |
| naroware coverage: _  |  | -3                              | Employee/Spouse                     |                         |               |
|   |  | •                               | Employee/Child(ren) Employee/Family |                         |               |
|   |  |                                 | remployee/Family                    | 3                       | 1             |