

**Better Business Bureau
Member Information Sheet**

PPK - POS SA2000 Medical Plan _____
PHSIC – PPO QA2500 High Deductible Health Plan _____
PHSIC – PPO QA5000-0 High Deductible Health Plan _____
(Please check one)

Date: _____ **Group Tax ID#** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No: _____ **Fax No:** _____

How long in business: _____ **Type of business:** _____

Sole Proprietorship: _____ **Partnership:** _____ **Corporation:** _____

Total number of full-time employees (Employees working 30 hours or more per week including working owners on the payroll) _____

Total number of eligible employees: _____ **Number enrolling:** _____

Better Business Bureau Member Since: _____

Signature: _____ **Title:** _____

Date: _____