

Better Business Bureau Member Information Sheet

PHS - POS SA2000 Medical Plan _____
PHS - PPO QA2500 High Deductible Health Plan _____
PHS - 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: _____

Notes: _____

