



Please submit this form by mail to Anilin Collado, 840 Echo Park Avenue, Los Angeles, CA 90026

1

Information About the Employee

Form section 1: Information About the Employee. Includes checkboxes for New Employee, Termination, Other Status, and Salary Change. Includes fields for Title, First Name, MI, Last name, Hire/Term Date, SSN, Birthdate, and Effective Date.

Form section 1 continued: Residence and Mailing Address. Includes fields for Street, City, State, Zip, Home Phone, and Email. Includes checkboxes for Male, Married, Clergy, Female, Single, and Lay.

2

Billing Information

Form section 2: Billing Information. Includes fields for Name of Organization, Phone, Email, List Bill ID, Street, City, State, and Zip.

3

Form section 3: Disability, Life, and Unemployment. Includes checkboxes for Short-term/Long-term Disability, Life + AD&D, and Unemployment Plan participation. Includes a field for Employee's annual salary.

4

Active Medical Coverage

Form section 4: Active Medical Coverage. Includes Regular Plans, Medicare Secondary Payer (additional forms required), and Tier options.

