



NEW EMPLOYEE

TERMINATION

CHANGE OF INCOME

Agent Name

Company/Employer Name

Employer Contribution Amount *(if available)*

Employee Name

Applicant DOB

Address/City/Zip

Effective Date

Termination Date

Member ID

Carrier

Tax Credit

Premium

Agent Signature: _____ Date: _____

or

Authorized Representative:

Print Name: _____ Signature: _____

Date: _____

All information should be submitted to:

Karen Scherrer, Premier One Administrator

Phone: 260-755-3585 ext. 102

Fax: 260-444-4212

Email: Kscherrer@pmgagency.com