



**NEW HIRE**

Agent Name \_\_\_\_\_

Company/Employer Name \_\_\_\_\_

Employer contribution (if available) & start date \$ \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee DOB \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**To be completed by agent:**

Effective Date of Coverage \_\_\_\_\_ Carrier \_\_\_\_\_ Member Id# \_\_\_\_\_

Tax Credit \$ \_\_\_\_\_ Premium After tax credit \$ \_\_\_\_\_

**TERMINATION**

Company/Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Termination Date \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

**CHANGE OF PREMIUM**

Company/Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Tax Credit \$ \_\_\_\_\_ Premium After tax credit \$ \_\_\_\_\_ Effective date of change \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Or**  
Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All information should be submitted to:**  
Karen Scherrer, Premier One Administrator  
**Email: [Kscherrer@pmgagency.com](mailto:Kscherrer@pmgagency.com)**  
Phone: 260-755-3585 ext. 102 Fax: 260-444-4212