

# BENEFITHELP Solutions

GROUP APPLICATION

## PCEZ: PREMIUM CONTRIBUTION PLAN

Please print or type clearly:

GROUP  
INFORMATION

<b>GROUP NAME:</b>
<b>ADDRESS:</b>
<b>CITY/STATE/ZIP:</b>

CONTACT  
INFORMATION

<b>CONTACT NAME/TITLE:</b>		
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>

AGENT  
INFORMATION

<b>AGENT NAME:</b>		
<b>AGENCY:</b>		
<b>ADDRESS:</b>		
<b>CITY/STATE/ZIP:</b>		
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>

PLAN

<b>ORIGINAL EFFECTIVE DATE:</b>	<b>PLAN YEAR:</b>
<b>Please submit Group Application and check in the amount of the Fee</b> <b>1st Plan Year Fee: \$150</b> <b>Please retain a copy for your records</b>	

**Other BenefitHelp Solutions/ODS Products:**

<input type="checkbox"/> BenefitHelp Solutions COBRA Administration	<input type="checkbox"/> ODS Medical	<input type="checkbox"/> ODS Dental
---	--------------------------------------	-------------------------------------

NOTES

---

---

---

Please return completed application to:  
BenefitHelp Solutions Attn: Marketing PO Box 67240, Portland, OR 97268-1240