BENEFITHELP Solutions

PC-EZ Application

Company Information

Employer Name: _____

Administrative Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Business Structure: ❑ C-Corporation ❑ S-Corporation ❑ LLC ❑ LLP ❑ Public ❑ Non-Profit

No. of EEs: _____ Original Effective Date: _____ Plan Year: _____

Agent Information

Agent Name: _____ Agency: _____

Telephone: _____ Email address: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Other BenefitHelp Solutions or ODS Business

❑ **COBRA** ❑ **HRA** ❑ **ODS Medical** ❑ **ODS Dental**

❑ **FSA** (PC-EZ should not be used if an FSA is in place; please call for more details)

Please mail completed application along with paid invoice to:
BENEFITHELP SOLUTIONS
MARKETING DEPARTMENT
P.O. BOX 67230
PORTLAND, OR 97268-1240