



# Large Group Billing and Contact Information

Group Name	Group Effective Date
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Broker Agency Name
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## Section 1: Physical Location Information

Address 1	Phone No. (      )
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Address 2	Fax No. (      )
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City	State	Zip Code	County
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Health Benefits Administrator (HBA)	HBA Email
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Tax ID No.	SIC Code	Total Number of Employees (Full-Time and Part Time)	Total Number of Full-Time Equivalent Employees
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## Section 2: Billing Location Information

Same as Physical Location above

Group or Billing Entity Name
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Address 1	Phone No. (      )
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Address 2	Fax No. (      )
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City	State	Zip Code	County
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Billing Contact	Email
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## Section 3: Sub-Group Information

*Provide this information if sub-groups are needed. Only provide address information if separate bills must be provided to separate addresses.*

Sub-Group No.	Group Name
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Address 1	Phone No. (      )
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Address 2	Fax No. (      )
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City	State	Zip Code	County
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Billing Contact	Email
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Group Name	Tax ID No.
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Section 3 continued.

Sub-Group No.	Group Name		
Address 1	Phone No. (        )		
Address 2	Fax No. (        )		
City	State	Zip Code	County
Billing Contact	Email		

**Section 4: Contacts** (List your broker if they will need access to the portal)

Main/Billing Contact	Email		
Group Name			
Address 1	Phone No. (        )		
Address 2	Fax No. (        )		
City	State	Zip Code	County

Main/Billing Contact	Email		
Group Name			
Address 1	Phone No. (        )		
Address 2	Fax No. (        )		
City	State	Zip Code	County

Main/Billing Contact	Email		
Group Name			
Address 1	Phone No. (        )		
Address 2	Fax No. (        )		
City	State	Zip Code	County

