Client Name:	
	(A) TOTAL
Address:	BENEFIT
Phone Number/Fax:	- SOLUTIONS
	INC
Employer Contribution:	427 E. STREET ROAD,
Current Health Carrier:	FEASTERVILLE, PA 19053
	(215)355-2121
Current Dental Carrier:	SECURE FAX RETURN : (888)287-3186
Other carriers currently with:	

TYPE 1-Employee 2-Dependent	EMPLOYE	OYEE NAME		Date of Birth	DATE OF HIRE	Tobacco User Y/N	ZIP	Family Size	HEALTH COVERAGE TYPE EO - Employee Only ES - Couple EC - Employee & Child FAM Family W -	ANNUAL SALARY	WEEKLY HOURS AVERAGE
	LAST	FIRST	Gender		וד	ser		Ze	WAIVE		