WJL Administrative Services, LLC
dba WJL Benefits Plan
54 Westchester Drive, Suite 20
Austintown, Ohio 44515
Phone: 330-953-2307
Fax: 330-953-2310

Requested Effective Date:_____ Tax ID/FEIN:_____

Group Name	Address	City	State	Zip

Contact Person(s) Name:_____ Contact Phone:_____

Contact Address:_____

Contact Email:_____ Contact Fax:_____

Billing Address:_____

Type of Business:_____ SIC Code:_____

Type of Coverage Request: Check all that apply

Medical	Dental	Vision	RX	HRA	FSA	ERISA	COBRA
					POP Only		

Current Administrator/Carrier for Medical, Dental, Vision, and RX:_____

Is your group subject to COBRA? ***(if applicable)*** YES _____ NO _____

If yes, who is the current COBRA Administrator:_____

Current FSA Administrator***: (if applicable)***_____POP only_____

Current HRA Administrator: ***(if applicable)***_____

Are any benefits subject to bargaining agreements: YES _____ NO _____

Other Locations: Yes____ No____ If yes, please list all other locations, name, and address below.

Name:_____ Address:_____

Name:_____ Address:_____

Signature of Authorized Person	Title	Printed Name	Date