

## Step 1: Qualified Beneficiary Information

\*=Required Fields

<p>*Employer Name (Do not abbreviate)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*Participant Name (First, MI, Last)</p> <input style="width: 100%; height: 20px;" type="text"/> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>*Participant Mailing Address</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*City</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>*Birth Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*Social Security Number</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*Hire Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*Original Benefits Effective Date</p> <input style="width: 100%; height: 20px;" type="text"/> <p>*State    *Zip</p> <input style="width: 100%; height: 20px;" type="text"/>
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## Step 2: Event Details

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Employee Qualifying Events:

- Termination
- Retirement
- Loss of Eligibility
- Other: \_\_\_\_\_

### Dependent Qualifying Events\*:

- Ineligible Dependent- Aged off Plan
- Divorce/ Separation
- Other: \_\_\_\_\_

\*If the QB is a spouse/dependent:

Employee's Name: \_\_\_\_\_  
 Employee's SSN: \_\_\_\_\_

## Step 3: Legacy Information

Premium Paid Through\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Pro-Flex Administrators will only collect premiums due on or after the Employer's effective date*

## Step 4: Benefit Plan Information

Carrier Name	Plan Name	Plan Type (Medical/Dental)	Level of Coverage	Premium
				\$
				\$
				\$
				\$

## Step 5: Spouse and Dependent Information

*Name (First and Last)	Date of Birth	Social Security Number
Spouse:		
Dependent:		
Dependent:		
Dependent:		

## Step 6: Authorization

I hereby state that to the best of my knowledge the above information is correct.

SIGNATURE OF EMPLOYER REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987  
Email to: [enroll@proflextpa.com](mailto:enroll@proflextpa.com) Or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221