



CURRENT INSURANCE (if applicable)	
Current Carrier	Type of Coverage
Number of Employees Covered	Effective Date of Coverage
PREMIUM PAYMENT	
Date Initial Deductions Will Begin:	
Deduction Frequency:	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Are you currently in a payroll deduction group with MAC, FLIC, or MLIC? <span style="float:right"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If "Yes," which company _____.	

CAFETERIA PLAN (SECTION 125)	
Please answer the following questions, so we may properly set your account up and not cause any delays in processing:	
1. Does your company currently have a Section 125 Cafeteria Plan in place? If "No," skip questions 2-4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The Company's 125 plan year is _____ through _____.	
3. Are the premiums to be sheltered under a Cafeteria Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Open enrollment period is held during the month of _____.	

Enrolling Company Name	Home Office City	State
Signature of Officer	Title	Date

