

**Application for Group Supplemental Medical Reimbursement Insurance**



601 Poydras Street  
New Orleans, LA 70130

Administered by: Benicomp Group, 8310 Clinton Park Drive, Fort Wayne, IN 46825

Name of Group Applying: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip code

Phone: \_\_\_\_\_

Effective date of Insurance: (Month) \_\_\_\_\_ 1, 20\_\_\_\_ Nature of business: \_\_\_\_\_

Type of Business: C Corporation \_\_\_\_ S Corporation \_\_\_\_ Sole Proprietor \_\_\_\_ Partnership \_\_\_\_ Other \_\_\_\_\_

Name of employee contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Names & locations of any subsidiaries or affiliates to be insured: \_\_\_\_\_

Classes of eligible employees (and any outside directors, retired and or surviving spouses):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Total no. of employees employed: \_\_\_\_\_ Total no. of eligible employees: \_\_\_\_\_ Total no. of eligible outside directors : \_\_\_\_\_

Total no. of eligible retired employees and surviving spouses: \_\_\_\_\_

Plan: \$10,000 \_\_\_\_ \$15,000 \_\_\_\_ \$20,000 \_\_\_\_ \$25,000 \_\_\_\_ \$35,000 \_\_\_\_ \$50,000 \_\_\_\_ \$ 75,000 \_\_\_\_ \$ 100,000 \_\_\_\_

Amount of premium submitted \$ \_\_\_\_\_ Carrier underwriting Base Health Plan: \_\_\_\_\_

Have you had group insurance with Pan American before? \_\_\_\_\_ % of premium paid by ER for EE's: \_\_\_\_\_ Dep: \_\_\_\_\_

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Signed at: \_\_\_\_\_

Applicants' title: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agents state license no. \_\_\_\_\_ Phone: \_\_\_\_\_

Name of firm: \_\_\_\_\_ Address: \_\_\_\_\_

Taxpayer I.D. no: \_\_\_\_\_ Agent email address: \_\_\_\_\_

**Please submit this form, the individual employee enrollment cards and premium to:  
Attention: Doris Hughes at [BeniComp 8310 Clinton Park Drive, Ft. Wayne, IN 46825]**