



Payroll Deduction Request for Coverage

CLC
3001 Lava Ridge Court, Suite 235
Roseville, CA 95661
Tel: 800-706-5749
Fax: 916-781-9217

GROUP INFORMATION

Group Name: _____

Principal Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Ext. _____ Fax: _____

E-mail: _____

Industry: _____ # of Eligible Employees: _____ # of Locations: _____

PLAN INFORMATION

Effective Date: ____/____/____
Month Day Year

EMPLOYEE ONLY FAMILY

EMPLOYER FUNDED VOLUNTARY

Plan Selection

PREMIUM OTHER

Voluntary Payment

PAYROLL DEDUCTION

BROKER INFORMATION

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Ext. _____ Fax: _____

E-mail: _____

NOTES

Blank area for notes.