

License # OB75174

1130 S. San Gabriel Blvd. 2F, San Gabriel CA. 91776

Phone: (800) 998-6608 Fax: (626) 292-6606

Application for Group Health Insurance Date: 7/7/2017

Company Name:	Effective Date:
Contact Person:	Tax ID #:
Street Address:	
Office Phone:	Fax:
Request Effective Date:	Current Carrier:
Current Monthly Premium:	

Employee/ Dependent Eligibility Information

Please list all employees who are eligible for health care benefits, including dependents who will also be covered.

Please use additional pages for additional employees.

First name	Last name	Gender	Date of birth	Home ZIP	PPO / HMO	Subscriber(S) or Dependent(D)

Contact Information

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