



EMPLOYER INFORMATION			
Employer Name	Employer Tax ID Number	Single Billing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
<input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Director <input type="checkbox"/> Charter School			
Employer Plan: <input type="checkbox"/> POP <input type="checkbox"/> HRA <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> COBRA <input type="checkbox"/> Carrier _____ <input type="checkbox"/> FSA Medical <input type="checkbox"/> FSA Dependent Care <input type="checkbox"/> Transportation/Transit <input type="checkbox"/> Transportation/Parking			Plan Effective Date
Employer Representative	E-Mail	Phone #	Fax #

PRICING INFORMATION – SETUP FEES		
RHS use only:	<b>HRA</b>	
	<b>FSA</b>	
	<b>POP Plan</b>	
MONTHLY ADMINISTRATIVE COST (To be completed upon receipt of enrollment.)		
	# of Employees	# of Employees
<b>HRA</b>	# of Employees	
<b>TOTAL REMITTANCE</b>		

AGENT INFORMATION				
Agency		Federal ID No.		
Name of Writing Agent	Calif. License No.	Agent E-Mail	Agent Phone #	Agent Fax #
Address		City	State	Zip Code

SIGNATURES	
Name of Employer Administrator	Title of Employer Administrator
Signature of Employer Administrator	Date

Remit payment to: Redwood Health Services • 3510 Unocal Pl. #108 • Santa Rosa, CA 95403