



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 Plans: <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"/> Transp/Transit <input type="checkbox"/> Transp/Parking <input type="checkbox"/> Other Plan _____			Plan Effective Date
Employer Representative	E-Mail	Phone #	Fax #

PRICING INFORMATION – SETUP FEES			
RHS use only:			
MONTHLY ADMINISTRATIVE COST (To be completed upon receipt of enrollment.)			
	# of Employees		# of Employees
	# of Employees		
TOTAL REMITTANCE			

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: RHS Finance Department • 3510 Unocal Pl. #108 • Santa Rosa, CA 95403