

REQUEST FOR IMPLEMENTATION

Important: Download this pdf to your computer before typing. If you don't, what you've typed will be lost when saving or printing.

1. Client Information

Client/Firm Legal Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Group Tax ID Number: _____

2. Form Completed By

Name: _____ Email: _____

3. Client Administrative Contact (Plan Manager)

Name: _____
 Title: _____
 Email: _____ Phone: _____

4. Client Billing Contact (Billing/Premiums) Check if Same as Administrative Contact

Name: _____
 Title: _____
 Email: _____ Phone: _____

5. Account/Broker Management (Broker/Consultant)

Please note: The Producer and Account Manager will be our contacts regarding policy and renewal information.

Agency: _____ Agency TIN: _____
 Primary Producer: _____
 Email: _____ Phone: _____
 Primary Account Manager: _____
 Email: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____

Is this being written through a General Agent? No Yes *If yes, complete the following:*

Agency: _____ Agent: _____
 Email: _____ Phone: _____

Is commission being waived? No Yes

6. Plan(s) Selected:

Ultimate Health Indemnity: Diamond Plus Diamond Platinum
 Plena Health Indemnity: Emerald
 BeneBoost: High Low
 Wellpak: High Mid Low
 Wellpak Plus CT: High Diamond Platinum
 Requested Effective Date: _____



Complete and submit the form by email to submission@armadacare.com or fax to 866-764-2690.

ArmadaCare's insurance plans are underwritten by Sirius America Insurance Company ("Sirius America"). Sirius America has an A.M. Best Financial Strength Rating of "A-" (Excellent) as of March 4, 2020.

