

Jerry Ballard & Associates, LLC

Company Name: _____

Current Carrier: _____ Requested Effective Date: _____

Address: _____

County: _____ Email address: _____

Group Contact or Administrator Name: _____

Phone: _____ Fax Number: _____

Nature of Business or SIC Code: _____

Total Full Time Employees: _____ Total Eligible Employees: _____

Please use the following codes for "Coverage" type.

Employee Only=**EO** , Employee & Spouse=**ES** , Employee & Child(ren)=**EC**, Family=**F**

	DOB	Sex	Coverage		DOB	Sex	Coverage		Age	Sex	Coverage
1				18				35			
2				19				36			
3				20				37			
4				21				38			
5				22				39			
6				23				40			
7				24				41			
8				25				42			
9				26				43			
10				27				44			
11				28				45			
12				29				46			
13				30				47			
14				31				48			
15				32				49			
16				33				50			
17				34							

Please fax form to : 252-727-5400

Jerry Ballard & Associates, LLC. * P.O. Drawer 1497 * Morehead City, NC * 28557