

Submission Date: / /

Requested Effective Date: / /

Requested Takeover Date: / /

Account Information	
Client Name:	
Admin Contact:	
Phone: () - ext	E-mail Address:
FEIN: -	Client Type: <input type="checkbox"/> Strategic Partner <input checked="" type="checkbox"/> Preferred Partner <input type="checkbox"/> Direct/Group Client

Sales Team	
Sales Executive: Marc McGinnis / Brad Inghram	
Siebel ID Number:	
Channel: <input type="checkbox"/> Direct <input type="checkbox"/> SAP <input checked="" type="checkbox"/> Broker	
Referral Source: Claremont Insurance Services	

Broker Information (as applicable)	
Broker Name:	E-mail Address:
Firm:	
Address:	City, ST, Zip: ,
Phone: () -	Fax: () -
FEIN: -	Commissions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Case Information	
Performance Guarantees: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Custom <input type="checkbox"/> None	Paperwork sent to client? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Services sold: <input type="checkbox"/> COBRA/HIPAA <input type="checkbox"/> Direct Bill <input type="checkbox"/> Med FSA <input type="checkbox"/> DCAP <input type="checkbox"/> Transit <input type="checkbox"/> POP Only <input type="checkbox"/> HRA <input type="checkbox"/> MBI <input type="checkbox"/> EB	
Consultant/Broker to participate in Implementation conference calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Web site access: <input type="checkbox"/> Sales Executive <input checked="" type="checkbox"/> Broker/Consultant <input type="checkbox"/> Other	
List any fees that have been waived:	Fee waiver approved by:
Administrative fees paid by: <input checked="" type="checkbox"/> Customer <input type="checkbox"/> Broker/Consultant <input type="checkbox"/> Other	
If this is an SAP, the fees of the SAP clients are paid by: <input type="checkbox"/> Business Partner <input type="checkbox"/> Client	

Notes/Special Instructions (Section will increase automatically as you type)