



**GROUP
EMPLOYER DATA FORM**



Company Name:	
Physical Address:	
County:	
Phone Number:	
Fax Number:	
Main Contact:	
Email:	

Date:	
Mailing Add:	
Business Description	
SIC CODE:	
FEIN:	
Owner/CEO Name:	

- Please submit a copy of you company's most recent **Employer Quarterly Report** submitted to the Texas Workforce Commission (TWC).

Yes, the TWC Report is enclosed.
 No, my company is not required to file this report. (Refer to item 5 below).
- If no TWC report is enclosed, I have provided a minimum of 3 of the following items listed:

Copy of my company's **Texas Sales and Use Permit**
 Copy of IRS document assigning my company a Federal **Employer Taxpayer ID number**.
 Copy of **2 most recent payroll stubs** for each employee
 Copy of **Certificate of Incorporation**
 Copy of **Certificate of Proprietorship**
 Copy of **Certificate of Partnership**
 Copy of the most recently filed **Company IRS Tax Form**, such as:
 Form 941 Employer's Quarterly Federal Tax Return
 Form 1040 Schedule C – Profit or Loss from Business
 Form 1065 – U.S. Partnership Return of Income
- Please indicate your company's **New Hire Waiting Period:**

Date of Hire (DOH) 1st of the month after DOH 30th day of employment
 1st of the month after 30 days 60th day of employment 1st of the month after 60 days
- Employer contribution: % _____ (minimum 50% of Employee Only rate required)
 or \$ _____
- Which method of premium payment would you prefer?

Mail the premiums monthly to Scott & White Health Plan
 Bank draft the premiums monthly
- What date do you wish to begin your group health plan coverage? _____