

Osprey Advisors

1101 Shore Road
Linwood, NJ 08221

Employee Benefits

EMPLOYER APPLICATION

Company Name _____ Date: _____

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Effective Date _____ Tax ID/EIN _____ SIC Code: _____

Company Contact: _____ Email: _____ Phone: _____

Are you interested in offering medical plans? Yes No ER Paid _____ Voluntary _____

Are you interested in offering Dental & Vision plans? Yes No ER Paid _____ Voluntary _____

Are you interested in offering Ancillary Plans? Yes No All Lines of Coverage? _____

Are you interested in offering Legal, ID Theft and Financial Wellness? Yes No All Lines of Coverage? _____

Number of pay periods 24/26/52 _____ Date of the first pay of the year: _____

OSPREY
GUIDANCE YOU CAN TRUST

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment in insurance policies, I understand that false or misleading information in my application may terminate coverage.

Signature: _____ Date: _____

A Full and Complete census must be submitted to Osprey for enrollment,
[click here for link to our Census](#)