IBTConsulting
Innovative Benefits Team

Reset Form

Company Name:____

Address:____

City:____ **State:**_______ **Zip:**____________

Contact Name:________________________________

Phone:__________________ **Email:**_____________________

SIC Code:_____________ **Number of Employees:**________

Please Fax completed form to: 817-367-7775
For Questions please call: 1-800-655-3363

Employee Name	Gender	D.O.B	D.O.H	Spouse D.O.B. (if to be covered)	# of Children and D.O.B (if to be covered)	Annual Salary	EO Employee Only, ES=Employee+Spouse, EC=Employee Children, EF=Family	# in household	Notes	Address	City	zip code