

Base PRODUCT REQUEST FORM

ATTENTION TO: _____ DATE: _____

Print name of BASE® Benefit Specialist here if available.

Please check all boxes that apply:

Self-Employed or Business Owner?

Yes No

Member of Association?

Yes No

BASE® HRA

BASE® Integrated HRA

(integrated with group health plan)

BASE® 125 Cafeteria Plan

- Premium Only Plan (POP)
 Dependent Care Assistance Plan (DCAP)
 Flexible Spending Account (FSA)

BASE® Excepted Benefits 125

Number of Employees?

0-1 2-49 50-99 100+

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Phone: _____ Fax: _____

E-mail: _____

TO BE COMPLETED BY FIELD SERVICE REPRESENTATIVE (FSR):

FSR #: _____ FSR Name: _____

FSR E-mail: _____

Fax your information form today!

A Benefit Specialist will contact you.

FAX: 888-560-7575 (Toll-free)

PHONE: 877-342-5105 (Toll-free)

E-MAIL: info@BASEonline.com

WEBSITE: www.BASEonline.com