pvmaAssure Insurance Agency, Inc.
8574 Paxton Street, Hummelstown, PA 17036; 888.612.7659; 717.220.1461 FX; www.pvmaAssure.com

Group Name _____

Address _____

City State Zip _____

SIC Code _____ County _____

Effective Date _____ Company Federal Tax ID # _____

Average number of employees (including full-time, part-time, temporary and seasonal) for the preceding calendar year _____

Total number of full-time employees _____

Current Insurance Information

Carrier _____ Renewal Date _____

First Name	Last Name	Relationship to subscriber (all family members to be covered must be listed on separate lines. Ex. self , spouse, dep)	Gender	Date of Birth	Home Zip	Tobacco Use Within the past 6 months, did you use 4 or more times per week, excluding religious/ ceremonial uses (Y or N)	Date of last use	Enrollment Status (active, not yet eligible, waiver)