



THE EASIEST WAY FOR EMPLOYEES TO ENROLL ON BENEFITS

Online Enrollment available for new business or groups switching carriers through Warner Pacific

Please complete and return to [OnlineEnrollmentSupport@warnerpacific.com](mailto:OnlineEnrollmentSupport@warnerpacific.com)

PRO Apply Intake Form	
<b>Broker Information</b>	
Check here if this is your first time using ProApply	
Writing Agent:	Contact at Broker's office:
Contact Email:	Contact Phone:
<b>Employer Information</b>	
Company Name:	DBA:
Zip Code:	County:
Pay Cycle:	SIC Code:
Number of eligible employees (required):	
<b>Benefit Enrollment Information</b>	
<b>Medical</b>	
Medical Carrier:	Effective Date:
Sold Plans:	
<i>Employer Contribution: per employee / per dependent Base Plan (if applicable):</i>	
<b>Dental</b>	
Dental Carrier:	Effective Date:
Sold Plans:	
<i>Employer Contribution: per employee / per dependent Base Plan (if applicable):</i>	
<b>Vision</b>	
Vision Carrier:	Effective Date:
Sold Plan:	
<i>Employer Contribution: per employee / per dependent</i>	
<b>Group Sponsored Life</b>	
Life Carrier:	Effective Date:
Sold Plan:	
<i>Employer Contribution: per employee / per dependent</i>	