THRIVE
PREVENTIVE CARE

NEW GROUP INTAKE SHEET

Preventive Care · Group Benefits Administration

GROUP DEMOGRAPHIC INFORMATION

Group Name _____ **Tax ID** _____

Corporation Type: ☐ S Corp ☐ LLC ☐ C Corp Other: _____

Street Address _____
(should coincide with Situs State)

City _____ **State** _____ **Zip** _____

Total Group Size (# of lives): _____ **MEC Included:** ☐ **Authorize Contact Payroll Co.:** ☐

PRIMARY BILLING CONTACT

Name _____ **Title** _____

Phone _____ **Email** _____

KEY CONTACTS

VP Information	*Name*	*Title*
	Email	*Phone*
Owner Information	*Name*	*Title*
	Email	*Phone*
Payroll Contact	*Name*	*Title*
	Email	*Phone*
Team Management	*Name*	*Title*
	Email	*Phone*

PAYROLL INFORMATION

** Please also attach a copy of the current Annual Payroll Calendar.*

Frequency: _____ **Paycheck Issue Day:** _____ **Payroll Calendar Provided:** ☐

Payroll Submission Lead Time: _____

Payroll Vendor / System Information

Vendor: _____ **Contact Name:** _____

Contact Email: _____ **Company Code:** _____

COMPLIANCE & OPEN ENROLLMENT

Will Thrive be handling open enrollment? ☐ Yes ☐ No **Monitoring compliance?** ☐ Yes ☐ No

If No, how will compliance be handled? (provide direction to be reviewed and approved by all parties)

ADDITIONAL LOCATIONS REQUIRING SEPARATE BANKING FEIN

Additional Locations? ☐ Yes ☐ No

Location Name	Address	FEIN Number

Prior to Open Enrollment / Desired Effective Date, we will require:

- Signature of client on Cafeteria 125 Adoption Agreement Paperwork
- A blank/voided check for the payroll account (as applicable, for multiple locations)
- A microtransaction to confirm debit and credits occur simultaneously on agreed time frame