

N.E. PA BUSINESS ASSOCIATION, INC.

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MEMBERSHIP APPLICATION

Pennsylvania, New York, New Jersey
United Concordia / HB Products Only
(rates determined by company zip code)

COMPANY: _____

ADDRESS: _____

CONTACT: _____ TITLE: _____

TELEPHONE: _____ FAX: _____

TYPE OF BUSINESS: _____ EMAIL: _____

TOTAL # OF EMPLOYEES: _____ TOTAL # OF ELIGIBLES: _____

STANDARD INDUSTRY CODE (SIC): _____

I prefer to receive my plan statement by Fax Mail E-mail

I agree that the information above is true and correct. I hereby request membership in the Northeastern Pennsylvania Association, Inc. I also certify that I have named _____ as producer of record.

Authorized Signature

Title

Date