Agreement Request Form

Employer Legal Name:

Employer Full Address:

Employer FEIN:

Confirm Total Number of Eligible Employees:

Confirm Total Number of Insured Employees:

Medical Carrier (ex. BCBSM)

Confirm isolved Products/Services (ex. COBRA):

Contract Signer Name:

Contract Signer email:

Agent Name:

Agent email:

Agency Name:

Agency Full Address:

Should MichBusiness bill the broker or client?:

Should MichBusiness bill quarterly or annually?: Quarterly

MichBusiness Powered by NABR