



Association Membership Business Information Form Coverage for Self-Employed and Small Group Firms

Go to Chesapeakebenefits.com and follow link
or
Complete this form and send to lkern@chesapeakebenefits.com

Company/Name : _____

Self-Employed (Name) : _____

Contact: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Group Information

Number of Employees _____

Single : _____

EE/SP: _____

P/C: _____

P/Children: _____

Family: _____

Current Coverage : Yes / No

If so, Renewal Date _____

Interested in the following

Dental: Yes / No

Vision: Yes /No

Notes: