



**Nationwide®**  
is on your side

# COMPANY INFORMATION

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## CONTACT INFORMATION

COMPANY NAME

ABBREVIATIONS OR ALTERNATE NAMES FOR SEARCH FIELDS

COMPANY WEBSITE

TYPE OF INDUSTRY

STREET (no P.O. Boxes)

CITY

STATE

ZIP

TOTAL NUMBER OF:  EMPLOYEES  MEMBERS

STATES WHERE EMPLOYEES/MEMBERS ARE LOCATED

HUMAN RESOURCE CONTACT NAME

TITLE

PHONE

EMAIL ADDRESS

**BROKER INFORMATION** (if applicable)

BROKER AGENCY

BROKER AGENT

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## PAYROLL IMPLEMENTATION INFORMATION

EFFECTIVE DATE (Date Available to Employees/Members)

OPEN ENROLLMENT MONTH

Employee is identified by:  SS#  Employee ID# (Number of digits used: \_\_\_\_\_)

Who would be eligible?  Full-time  Part-time  Retirees  All  Other \_\_\_\_\_

BILLING CONTACT NAME

TITLE

PHONE

EMAIL ADDRESS

If premiums for this Group are paid in part, in full or through payroll deduction by the Group, the Group agrees to remit all payments due upon receipt of invoice to DVM Insurance Agency.

The individual subscriber is solely responsible for premium payments and the employer or group sponsor is held harmless, unless while the subscriber was an active eligible Group member, the Group paid premiums in part, in full, or through payroll deduction. This insurance is fully portable by the member. Policies are sold on an individual basis. A completed Individual Application is required for each pet when enrolling. Completing this form does not create a contract to purchase insurance.

