



## Request for ChamberChoice Information

Please provide the following information about new and prospective members interested in ChamberChoice so that we may contact them regarding CCSC programs. Thank you.

**CHAMBER:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

New Member     Prospective Member     Existing Member

Date Member Joined/Will Join the Chamber: \_\_\_\_\_

### What information would the business like to receive?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Group Healthcare Coverage | <input type="checkbox"/> Group Vision Coverage    | <input type="checkbox"/> Limited Benefit Medical Plans   |
| <input type="checkbox"/> Custom Designed Plans     | <input type="checkbox"/> COBRA Administration     | <input type="checkbox"/> Human Resource Support Services |
| <input type="checkbox"/> Individual Coverage       | <input type="checkbox"/> Health Savings Account   | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Life and Disability Plans | <input type="checkbox"/> Flexible Savings Account |  |
| <input type="checkbox"/> Group Dental Coverage     | <input type="checkbox"/> Employee Wellness        |  |

Your current Agent/ Insurance Agency: \_\_\_\_\_

Special Request:

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Please fax to Renay Gontis at 1-866-722-0519, or  
mail to ChamberChoice  
7000 Stonewood Drive, Suite 251, Wexford, PA 15090

If you have questions, contact Renay Gontis at 1-800-377-3539, extension 711.