



Employer Application

Company Name		Billing Account #:	
Company Address		Billing Routing #:	
City		Name of Bank	
State	Zip	Account Holder Name	
Company Contact		Billing Address (if different)	
Contact Phone #		Signature of Account Holder	Date
Contact Email			
# of Employees		<p>By signing above, I authorize AXSHealth to use this billing information for each employee to set-up monthly EFT billing for their employee's individual health insurance plan(s) for the insurance company in which the employee completes an application.</p>	
		<p>Employer Contribution is: \$ <input style="width: 150px;" type="text"/></p>	
		<p>Additional Premium will be payroll deducted.</p>	

Please submit your company logo for your employee enrollment site to:

info@ubainsuranceexchange.com

We will notify you when your employee enrollment site is live.