

Employer's Request to add Landmark Health to currently enrolled CBX Employees

Exchange/Association:

- California Groundwater Assoc.
 California Tow Truck Assoc.
 Central Calif.
 El Dorado
 Kern
 Placer
 Santa Clara
 Santa Maria
 Shasta
 Stockton
 Ventura
 Valley Contractors
 Exchange
 Other _____

The Undersigned Employer requests that the chosen Landmark Health Plan is to be added to the following subscribers effective **January 1, 2017**. Any new subscribers who are not currently enrolled in a CBX Product will need to complete a new Application.

1. FULL LEGAL NAME OF FIRM (including DBA, name must match company's membership name)	CBX Client #
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LIST ALL SUBSCRIBERS & DEPENDENTS TO ENROLL IN LANDMARK HEALTH

	Last Name	First Name	Date Of Birth	Dependents Status EE – Employee Only ES – Employee + Spouse EC – Employee + Children EF – Employee + Family (show dependents as SP or CH)
Ex.	Smith	Susie	3/7/70	ES
	Smith	Joe	6/8/68	SP
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15.				

As the legally authorized representative, I certify that I have read and understand the above and that all information provided is accurate and complete to the best of my knowledge and belief. I certify and understand that this is a legally binding agreement.

Print Name

Date

Signature of Owner/Officer only

Title