ProTradeNet® Private Exchange

Franchisee Group Application

Company Information			
Company Name:			Tax Id No:
Street Name	City	State	Zip Code
Billing Address (if different)			

Key Contacts		
Owner	Phone	Email
Billing Contact	Phone	Email

Billing & Payroll Information		
Billing Bank Name	Routing #	Account #
Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly		Requested Start Date
Franchisee Contribution: (define contribution strategy/Minimum: **$305.74/month** for Medical)		

Franchisee Paid Life Insurance Amount (Minimum: $10,000 at $2.80/month – **MANDATORY FOR ALL FULL-TIME EMPLOYEES**)	☐ $10,000	($2.80/month)
	☐ $50,000	($14.00/month)
	☐ $100,000	($28.00/month)

**WAITING PERIOD = FIRST OF THE MONTH FOLLOWING 60 DAYS.

Application is hereby made for membership in the ProTradeNet Exchange. This is an application only. Issuance of a Group Agreement is subject to receipt of documents, census and first month premium, and to review and approval by the ProTradeNet Exchange. If accepted, the Franchise Owner agrees to make required payroll deductions for participants who enroll in this plan and to pay the required monthly premium and administration fees.

The Franchise Owner agrees that this plan is for their Full-Time employees who have fulfilled their waiting period, which is ***FIRST OF THE MONTH FOLLOWING 60 DAYS***. The Franchise Owner agrees to notify all eligible participants of their ability to enroll in the plan after their waiting period.

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Franchise Owner Signature Title

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Print Name Date

Submit application to: Grant McClory, Benefits Exchange Alliance (BXA)
Email: gmcclory@bxall.com | Fax: (949)297-2684
Phone: (949)900-9534