

THE WASHWICK AGENCY, INC.

Administrators for the Peconic Bay Business Association

860 East Main Street

Riverhead, NY 11901

Phone: 631-369-0888 Fax: 631-369-4438

Instructions for Completing the Membership Application

1) Complete the Employee information, Dependent Information, Student Information and Other Insurance Information sections of the Employee Enrollment Form. Be sure to sign the form. Also complete and sign Forms B & C.

Be sure to choose a Primary Physician / Medical Center.

2) The application must be accompanied by **Proof of Business**:

Atlantis – Most Recent Business Tax Forms:

Schedule C **and** 1040

Or

K-1 **and** 1120S

YOU MUST HAVE BEEN IN BUSINESS 6+ MONTHS AND HAVE A MINIMUM INCOME
OF \$15,000 ANNUALLY

Please sign your signature on each page of the photocopy.

3) First month's premium check, payable to: "**PBBA**".

4) Annual Membership fee of \$35, payable to: "**PBBA**".

5) Send all the above to the "Peconic Bay Business Association" at the address above by the 10th of the month for coverage to begin on the 1st of the following month.



**PBBA Peconic Bay Business Association
Membership Application**

1) Name of Business _____

Nature of Business _____

2) Name of Contact Person _____

3) Address _____

4) Phone # _____

5) Are You Applying for Medical Benefits? YES () NO ()

PLEASE CIRCLE YOUR DESIRED PLAN

ATLANTIS	HMO Plan #1	Single	Two Person	Family
	HMO Plan #2	Single	Two Person	Family
	HMO Plan #3	Single	Two Person	Family
	POS Plan #4	Single	Two Person	Family

6) Name of Insured _____

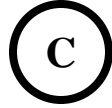
7) Insured's Social Security No. _____

8) Date of Birth _____

I the undersigned would like to apply for membership in the Peconic Bay Business Association. Enclosed is my check for the annual dues, payable to: "PBBA", in the amount of \$35.

Signature of Member **X** _____ **Date** _____

Print Name _____



Peconic Bay Business Association
860 East Main Street, Riverhead, NY 11901
Phone: (631) 369-0888
Fax: (631) 369-4438

HMO Medical Insurance Check List

Please read and initial each item, then sign and date below.

****Return this form to PBBA with your application.***

- _____ 1. I understand that it may take 4-5 weeks for me to receive my ID card (s) and Administrative paperwork.

- _____ 2. If I need a prescription before I receive my ID card(s), I will call the insurance company before going to the pharmacy.

- _____ 3. I understand it is my responsibility to terminate my current coverage (if any).

X

Applicant Signature

Date

