

# Benefit Selection Form



**Group Name**

**Effective Date**

**Agency**

**Agent**

## Benefit Plan Selection

**Plan Code**

**Plan Name / Description**

**Rx Options**

## Notes Section

**Vision Plan Code**

**Dental Plan Code**

**Basic Life AD&D**

**STD**

**LTD**

The Benefit Selection Form must be signed by the broker.

Signature

Date