



EFR EMPLOYEE & FAMILY RESOURCES

Employee Assistance Program EMPLOYER APPLICATION

Requested Effective Date:

Section 1 - Employer Information:

Company Name. Include DBA / Doing Business As (if applicable)			Business Industry (and SIC code, if known)		
Street Address (P O Box not acceptable)		City		State	Zip Code
Mailing Address (if different)		City		State	Zip Code
1. Company Contact for <u>EAP Benefits</u> : Name / Title		Email Address:			Phone Number
2. Company Contact for <u>Wellness</u> Benefits: Name/Title		Email Address			Phone Number
3. Company Contact for <u>Billing</u> : Name / Title		Email Address:			Phone Number
4. Person authorized to <u>sign the Contract</u> : Name / Title		Email Address:			Phone Number
Company Website URL:					
Are <u>any</u> employees subject to DOT regulations? Yes No					
!!! If yes, attach a copy of the company policy. (required) !!!					
Which 2 contacts listed above should receive EFR newsletters (sent via email) for distribution to managers & employees? Contact #1 Contact # 2 Contact #3 Contact #4					Send the bill via Email: USPS:
Additional Company Locations - Provide Address, contact person's name, telephone number, & email and the number of employees at this location					
Check if more locations & attach a sheet with address, contract person's name, telephone number & # of employees at each location.					
<i>All part-time and full-time employees are eligible and are to be included. Please indicate the number of actual employees as of the effective date of the contract. This count will be used as the participating count for the 12 month contract beginning with the requested effective date. Annual updates will be required.</i>					
# of P-T	# of F-T	Total (PT + FT)	I certify the number of part-time and full-time employees reported here is correct & true to my best knowledge:		Initial:

Section 2 – Requested EFR Benefits / Services

Core EAP with <div style="text-align: center;"> 3 or 6 </div> in-person sessions	<i>All family members living in / part of the same household are covered under the EAP benefits. When electing Core + or Core + Rewards, only employees are eligible for biometric screenings unless the employer elects to offer to spouses also.</i>
Add Wellness Benefit (for an additional fee):	Core + Core + Rewards Biometric Screenings
Check other services being requested at this time at an additional fee: On-site training/seminars to be included in the contract. Indicate number of hours: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Leadership Coaching <small>minimum of 6 hrs req.</small> </div> <div style="text-align: center;"> Mediation Services </div> </div>	

Section 3 – Brokers Only

Broker Name:	TIN:	Contact at broker's office: name / phone / email address
Agency Legal Name:		
Commission to be paid? Yes No		Address to send commission:

Signature

Authorized Signature	Date signed:
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Please also include a copy of the signed proposal page.