



## Big Tree Group Enrollment Form

Company Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Main Email Address: \_\_\_\_\_

Effective Date for Benefits: \_\_\_\_\_ (Note: Big Tree Plus, Dental & Vision can only become effective on the 1st of the current month or the 1st of the upcoming month. Big Tree Unlimited & Virtual Memberships can be effective same day. Membership fees are not prorated.)

Employer Contribution (if applicable): \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Billing Phone Number: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

Is your group participating in Sedera's Medical Cost Sharing Plan?  Yes  No

Notes: \_\_\_\_\_  
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