

**BUILDING INDUSTRY ASSOCIATION OF WASHINGTON
MEMBER COMPANY INFORMATION FORM**

Please complete and return this form with enrollment forms when electing to participate in the Symetra Life Insurance Company Select Benefit Plan

Association Member Company Name:
 Sole Proprietor (Check if yes)
Authorized Member Company Signature _____

Address: _____

City, State Zip: _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

*Division # : _____ Select Benefit will assign group number.

Effective Date of Member Company: _____

Agency Name Pacific Insurance Agency Inc.
AgentName William Christensen
Symetra Writing Number 26-11-3470-01
Agent Signature _____

Member Company Class of Employees:

Eligibility Requirements: Full-Time EE's ___ Part-Time EE's ___
Coverage effective 1st of mo. following Date of hire or waiting period of
#days # of Months _____

PLAN OPTION SELECTION: Please check plan choice below.
Plan 1 \$97.89 Plan 2 \$129.06 Plan 3 \$169.85 Plan 4 \$212.55

Send this original signed form with plan choice & enrollment forms to:

Pacific Insurance
P.O Box 48008
Spokane, WA 99228

Forms not completed will be returned to Agent!