



The easiest way for employees to enroll on benefits

Online enrollment available for new or renewing business written through Warner Pacific

Please complete and return to OnlineEnrollmentSupport@warnerpacific.com

PRO Apply Intake Form	
New Group Setup	Renewal Setup
Broker Information	
Check here if this is your first time using PRO Apply	
Writing Agent:	Contact at Broker's Office:
Contact Email:	Contact Phone:
Employer Information	
*SEP Group: YES NO	
Company Name:	DBA:
ZIP Code:	County:
Pay Cycle:	SIC Code:
Number of eligible employees (required):	Check here if any employees are out of the country:
Benefit Enrollment Information	
Medical	
Medical Carrier:	Effective Date:
Sold Plans:	
Employer Contribution: per employee / dependent(s) Base Plan (if applicable):	
Dental	
Dental Carrier:	Effective Date:
Sold Plans:	
Employer Contribution: per employee / dependent(s) Base Plan (if applicable):	
Vision	
Vision Carrier:	Effective Date:
Sold Plan:	
Employer Contribution: per employee / dependent(s)	
Group-Sponsored Life	
Life Carrier:	Effective Date:
Sold Plan:	
Employer Contribution: per employee / dependent(s)	

***Special Enrollment Period for 1/1/20 effective dates**