



CHARTER HEALTH PLAN

A big idea for small business

Adding or Removing Company Representatives

Charter Health Plan:

Please add _____ to our policy as a company representative.

Please remove _____ from our policy as a company representative.

Company Name _____

Print Name _____

Signature _____

Date ___ / ___ / _____

Please note that company representatives are authorized to add or remove employees and obtain billing information.

Return form to:

First Benefits Group, Inc.
306 N. Rhodes Avenue, Suite 111
Sarasota, FL 34237

or Fax: (941) 363.0037