



Employer Information

Please provide this form with Employer Contract

Company Name	
Address	
City, State, Zip	
Start Date	
Number Enrolled	
Contact for Employer 1	
Email	
Phone	
Contact for Employer 2	
Email	
Phone	
Employer Insurance Carrier	
Third Party Administrator	
Complete the following Questions for EverMed DPC	
Can Employees cancel their membership with EverMed DPC?	
Contact for cancellations	
Contact Phone	
Contact Email	

Employee Enrollment Information Needed

<ol style="list-style-type: none"> 1. Employee Name 2. Date of Birth 3. Address 4. Phone 5. Email 6. Dependent Name (Spouse, Domestic Partner, Child) 7. Birthdate
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