

Intake Form

Company Information		
Contact:		Title:
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
E-mail:		
Nature of Business:		
Number of locations:		
Hours eligible for benefits:		
Waiting Period:		
Please list all applicable Tax ID's:		
Payroll Cycle:		
Renewal Date(s):		



610 Anthony Trail • Northbrook, IL 60062 • 847.564.1640 phone • 847.564.1648 fax

Payment Information

Name of Bank:

Routing Number:

Account Number:

Employment Requirements

Full-time hourly requirements (20-40 hrs):

of full-time employees:

Employer Contribution

Employee \$_____ or ____%

Dependents \$_____ or ____%

Please include the following information

- Census
- A voided check

*I agree to the client service agreement and contract

X	Date
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