

Single Point Billing Initial Interest Sheet

Account Name: _____
Account Address: _____
City: _____ State _____ Zip _____
Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____
Tax ID Number: _____
Contact Last Name: _____ First Name: _____
Contact E-Mail: _____
Number of Employees: _____
Number of Carriers: _____
Aflac Associate: _____
Telephone Number: (_____) _____ - _____
E-Mail Address: _____

**Fax the completed form to:
Benefit Services, Strategic Coordinator
(720)- 545-2161**

WWHQ INFORMATION:

****This section to be completed by Benefit Services**

Date Received:

Approved By: _____ **Date Approved:** _____
Date To SPB Vendor: _____