Guardian

A Wholly-Owned Subsidiary of the Guardian Life Insurance Company of America

American Business Insurance Trust
Facts Sheet
TO BE COMPLETED BY AGENT

Member Group Name:		
Group ID: 378801	**Site ID:**	**Plan Available:** ❑ PPO
Billing/Mailing Address: _____ _____ _____	**Billing Contact:** Dawn Zastrow, Plan Administrator 414-766-9700, ext. 103	
Requested Effective Date:	**Next Renewal Date:** April 1, 2011	

Agent*: _____

Moro Insurance Group
8825 S. Howell Avenue, Ste. 300; Oak Creek, WI 53154
414-766-9700 or (800) 553-6676

* If agent is not currently appointed with Guardian, please attach completed Agent Application and a copy of his/her agent's license.

Attached are the following:

❑ ABIT Facts Sheet – fully completed, signed, and dated.

❑ Member Group Enrollment Agreement – fully completed, signed, and dated.

❑ Enrollment Application(s) – fully completed, signed, and dated.

❑ PPO Plan **# Single:**_____ **# Single + 1:**_____ **# Family:**_____

I certify that all information shown on this form and on any attachment is correct and complete. I have explained to the Member Group that employee contributions to the insurance premium must be made by deductions from the employees' compensation and the total Member Group's premium must be remitted to Moro Insurance Group on a prepaid basis no later than the tenth (10^{th}) day of each month.

By:_____ Date:_____
Agent's Signature

Copies to: Guardian
Moro Insurance Group
Agent
Member Group