



Benefit Upgrade Package Enrollment Form

Company Information

Company Name: _____

Work Phone: () _____

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Rent

Own

Home Phone: () _____ Cell Phone () _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Options

Please enroll me in the upgrade programs I have checked below. I am aware that these programs are free as long as Successful Solutions is the broker of record for my employer.

Identity Theft Protection

Wellness Coaching

Chiropractic Coverage

X _____
Signature

Date

In order to qualify for the programs the entire form must be complete & faxed to
(619) 460-9555

Coverage is for employee only.