



EMPLOYER ENROLLMENT FORM

It's simple to enroll your employees in KwikCare 4Business. Enter the number of memberships you wish to purchase at each level in the form below and calculate the total amount due. Prepare a list of the names of all employees included in the field of membership. Enclose the employee list and your check with this form and mail to:

Faith Community Health, 610 S. 6th St, Branson, MO 65616

Membership Packages	2017-18 Rate	Introductory Offer Rate	Quantity Selected	Your Cost
1	\$25	\$20		\$
10	\$250	\$190		\$
25	\$550	\$450		\$
50	\$1,000	\$850		\$
Total # of Memberships			TOTAL \$	\$

You may choose to purchase extra memberships if you anticipate having new hires later that you would like coverage for. Simply list them as 'TBD' and send us their name by email when adding them to your payroll. Address your email to: kwikcare4b@faithcommunityhealth.org

Business Name	Address	Contact	Phone	Email

KWIKCare 4Business membership cards will be provided for each membership purchased. Memberships will expire June 30 and renew annually at current rates.