



TOTAL PET PLAN



Pet Plan Late Enrollment Form

Please return the completed form to your Human Resources department for processing.

Group Name: _____

Today's Date: _____

Benefit Effective Date: _____

HR Approval (Please Initial): _____

Employee Information *Required Fields**

Employee ID #: _____

Email*: _____ Phone: _____

Alt. Email: _____ Alt. email is: Personal Work

First Name*: _____ Last Name*: _____

Street Address*: _____ Apt. #: _____

City*: _____ State*: _____ Zip*: _____



Total Pet Plan covers any pet, regardless of breed, health or age!

Please enroll me in Total Pet Plan:

Single Pet Plan \$11.75/month

Family Pet Plan (2+) \$18.50/month

Welcome to Pet Benefit Solutions

Look for your welcome package(s) in the mail. As soon as your form is processed, an email will be sent to the provided email address with confirmation of your plan details.

**QUESTIONS? Call HealthPass at (888) 313-7277
or email clientservices@healthpassny.com**