

Product and Benefit Selection Form

Restaurant and Hospitality Association Benefit Trust (RHABT)

1a. Group Name: _____

1b. Effective Date: _____

1c. Identify primary business location: _____

2a. Our firm is a member of the National Restaurant Association (NRA):

Yes No

2b. Our firm is a member of a State Restaurant Association (SRA).

Yes No If yes, name of SRA _____

2c. Our firm is a member of AAHOA.

Yes No

3.

| <u>Medical Plan Code(s)</u> | <u>Prescription Benefit Plan Number (Rx)</u> |
|-----------------------------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Dental Plan Code(s)

5. Vision Plan Code(s)

