



Company Name: _____

Contact Person: _____

E-Mail: _____

Attention: Human Resources

From: Creative Financial Insurance Service Agency, Inc.

Fax Number: 740-369-1556

Subject: New Coverage or Terminated Employees

Email: blmyers@discovercfi.com

**Special Instructions: THIS INFORMATION IS TO BE EMAILED OR FAXED TO OUR OFFICE
PRIOR TO ANY CHANGES, OR AS CHANGES OCCUR**

Please be aware that changes may take up to two billing cycles.
To help ensure accuracy it is important to review your monthly invoices.

New Employee Name or Part-Time to Full-Time Status	Full-Time Hire Date	Occupation/ Class	Hours Worked Per Week	Salary

Terminated Employee Name or Loss of Full-Time Status	Termination Date	Notes

Attach additional documents as needed.