



NCHA Member Company On boarding

* Required

1. Member Company Name *

2. Admin Contact *

3. Admin E-mail *

4. Admin Phone Number *

5. Which Medical plan(s) will you be offering your employees? *

- Platinum
- Gold
- Silver
- HDHP H.S.A
- We will not be offering an NCFA Medical Plan

6. How much will you be contributing to your employee's medical plan? (% or \$ amount) *

7. Will you be contributing the same amount to the dependent tier? *

8. Which Dental plan(s) will you be offering your employees? *

- High
- Low
- We will not be offering an NCFA Dental Plan

9. Will you be contributing to the dental premium? (% or \$ amount) *

10. Will you offer Vision to your employees? *

- Yes, employer paid
- Yes, employee paid
- No, we will not be offering the NCFA Vision plan