

## CoPower ONE Open Enrollment Form

Please complete the form and submit to CoPower via E-mail at [copower.requests@amwins.com](mailto:copower.requests@amwins.com) or via fax to **650.348.1149**

### Group Information

Group Name:

CoPower ID:

Add Open Enrollment to our Group's plan at renewal:  Yes  No

- Group must have pre-tax Sec.125 or POP plan in place, and the Employer must contribute less than 100% of the Employee's or Dependent's premium.

Does this Group have a pre-tax Sec.125 or POP plan?  Yes  No

### Signature

Signature:

Date: / /

Name:

Title: