



Sound Mind Sound Body
Corporate Wellness Plan

Easy Enrollment Form

Company Name _____

Street Address _____ City _____ State _____ Zip _____

Website _____

Contact Person Name _____ e-mail address _____

Mailing Address _____

Phone Number _____ Preferred method of contact _____

Number of active Employees _____ Inactive Employees _____ Dependent Units _____

Effective Date _____

Please provide: _____ sets of CD's for our Company Library at a cost of \$30 per set.
Set includes 7 CDs and 1 "Playaway" MP3 player

Payment Options:

_____ Employees @ \$24.00 per employee annually \$ _____

Annual Payment Discount (5%) \$ _____

_____ Sets of Additional CD's \$ _____

_____ Monthly by pre-approved charge to credit card or checking account

Comments or other details _____

The services provided are meant to complement prudent and recommended medical and mental health services. Guided Imagery and Hypnotherapy services are not a substitute for medical care or counseling.

ACMS Broker (if applicable)

Company

Signature

Signature

Print Name

Print Name

Date Signed

Date Signed