

PERSONAL PLANS EMPLOYER STATUS FORM

SUBMIT THE FOLLOWING INFORMATION

Employer name (used for tax filling): _____

GuideStone account number: _____ Tax EIN (9digits): _____-

Billing address: _____

City: _____ State: _____ ZIP code: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Number of full-time and part-time employees currently on the payroll:

1—10 employees 11—19 employees 20—99 employees 100 or more employees

Employer telephone number: (____) _____ Employer fax number: (____) _____

Contact name: _____ Email address: _____

Signature: _____ Date: ____/____/____

Return complete form to:

Insurance Operations - Personal Plans
GuideStone Financial Resources, SBC
5005 LBJ Freeway, Ste. 220
Dallas, TX 75244-6152

Or fax to:

(877) 834-1025

