

New Contractor Information Sheet

Health/Life/Disability/Accident/Dental/Vision Insurance

A UTBA representative will contact you to review insurance plans and member benefits.

Company Name: _____

Start/Lease date: _____

First Name

Last Name

Address

City

State

ZIP

Home Phone

Cell Phone

Best time to be reached: _____

**Please FAX or EMAIL to:
1-770-774-1126 / rgriffin@cghs.biz**

ATTN: REBECCA GRIFFIN

Capitol Group/Universal Trucking Benefits Association
230 Greencastle Rd. Tyrone, GA 30291 1- 877-472-5541 (phone)