



**HOW TO OFFER FREE  
MembersFirst BENEFITS TO  
YOUR EMPLOYEES!**

IMPORTANT INFORMATION ON BECOMING a  
MembersFirst CT Federal Credit Union Business Partner

Just complete these 2 simple steps to apply:

- 1. Complete a Business Partner Application. *(All information is confidential, for credit union evaluation only.)*
- 2. Send the Application to:

Ms. Amber Fugedi, Marketing Director  
MembersFirst CT Federal Credit Union  
285 Broad Street Meriden, CT 06450  
203-237-6166 (Fax)  
[Amber@MembersFirstCTFCU.com](mailto:Amber@MembersFirstCTFCU.com)

OR FAX TO:  
OR E-MAIL TO:

**Business Partner Application**

[ALL INFORMATION PROVIDED IS CONFIDENTIAL, FOR CREDIT UNION USE ONLY]

Official Company/Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_ Date Founded: \_\_\_\_\_

Briefly Describe Company Business: \_\_\_\_\_

**Company Liaison** (person coordinating credit union benefit for company/organization):

The **Company Liaison** provides benefits information to your employees about MembersFirst. This person is the primary contact with credit union representatives who are available to attend employee meetings, new-hire orientations, benefits fairs and lunchroom visits, and supply credit union enrollment materials and brochures.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

HR/Employee Benefits Contact (if different from Liaison): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payroll Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



**Employee Information:**

This **Employee Information** is not required but will help MembersFirst in designing the most relevant benefits and services for your employees. *(please answer to the best of your ability; estimates are fine)*

Number of full time employees: \_\_\_\_\_ Average employee age: \_\_\_\_\_ Avg entry level income: \$ \_\_\_\_\_

Number of employees by length of service:

Less than 1 year \_\_\_\_\_ 1-5 years \_\_\_\_\_ 5-10 years \_\_\_\_\_ 10+ years \_\_\_\_\_

Number of employees in the salary breakdowns as follows:

Less than \$50,000 \_\_\_\_\_; \$50,000 - \$100,000 \_\_\_\_\_; \$100,000 - \$200,000 \_\_\_\_\_; more than \$200,000 \_\_\_\_\_

Do you currently offer direct deposit for employee payroll? YES \_\_\_\_\_ NO \_\_\_\_\_

How may MembersFirst CT FCU deliver Credit Union services to your employees?

- \_\_\_ On-site New Benefit Orientation
- \_\_\_ Financial education/lunch & learn sessions, etc. presented on-site by Credit Union representatives
- \_\_\_ Credit Union information for employee bulletin boards
- \_\_\_ Employee email list provided to MembersFirst (confidential benefits information delivery only)
- \_\_\_ Create a link to MemberFirst's website from your organization's web site

Other \_\_\_\_\_

Why are you interested in adding MembersFirst CT FCU services to your benefits package at this time?

\_\_\_\_\_

Would you be interested in offering a special discount to all Credit Union Members? If yes, what type of discount?

\_\_\_\_\_

\_\_\_\_\_

Person completing this Sponsor Application: \_\_\_\_\_ Title: \_\_\_\_\_

Signature

Date

*(If emailing this form, please sign and scan to send).*

285 Broad Street  
Meriden, CT 06450  
[www.MembersFirstCTFCU.com](http://www.MembersFirstCTFCU.com)  
(203) 237-6424