

GROUP CENSUS

New Clients

Requested Effective Date: _____

Group Information

Legal Business Name: _____

Contact Person: _____ E-Mail: _____

Street Address: _____ City, State Zip: _____

Contact Phone: _____ Fax: _____

SIC Code (or Business Description): _____

Eligibility

1. How many hours per week must employees work to be eligible for benefits? (min 17.5 / week) _____
2. What is the eligibility period employees must complete before qualifying for benefits? First of the months following: _____
3. Do you offer Domestic Partner coverage? Yes No Same Sex: Opposite Sex: Either Sex:

Existing Plan Data (if applicable)

Current Carrier: _____ Plan Design (deductible level, co-pays, etc.): _____

What percentage of your **medical** premium is contributed by the employer? **Employees** (50% min): _____ **Dependants** (no min): _____

What percentage of your **dental** premium is contributed by the employer? **Employees** (50% min): _____ **Dependants** (no min): _____

Rates

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Dental				

Employee Data

Instructions: Please list all current active employees. This includes: owners, sole proprietors, partners of a partnership, independent contractors (only if included as a permanent employee on your payroll with an exclusive relationship with you) & part time employees.

Enrollment Legend

Family Enrollment Status

EE = Employee Only
 ES = Employee + Spouse
 EC = Employee + Children
 FAM = Employee + Family

Other Status

W = Waiving to Other Group Coverage
 NE = Not Enough Hours to Qualify
 NP = Has Not Served Waiting Period
 C = COBRA/Continuation Enrollee

	Name (Last, First)	Gender	DOB	Spouse DOB	Zip Code	Enrollment Status (see legend)	List Ages of Children	Date of Hire	Avg Hrs/Week
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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	Name (Last, First)	Gender	DOB	Spouse DOB	Zip Code	Enrollment Status (see legend)	# of Children	Ages of Children	Avg Hrs Per Week
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
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40									