



CENSUS SHEET

Participating Employer _____

Nature of Business or SIC Code (provide detailed information) _____

Address _____

Tel. No. () _____ Fax No. () _____ City _____ State _____ Zip Code _____
 Email Address _____

Contact Name _____ Requested effective date _____

Agent/Broker _____ **Covered by Workers' Comp. Ins.? Yes No**

MEDICAL COVERAGE SELECTION		
PREMIER FLEX <input type="checkbox"/> Premier Flex 500 <input type="checkbox"/> Premier Flex 1000 <input type="checkbox"/> Premier Flex 2000 <input type="checkbox"/> Premier Flex 2500 <input type="checkbox"/> Premier Flex Saver 1000	FLEX ADVANTAGE <input type="checkbox"/> Flex Advantage 1000 <input type="checkbox"/> Flex Advantage 2000 <input type="checkbox"/> Flex Advantage 2500 <input type="checkbox"/> Flex Advantage Saver 2000	HIGH DEDUCTIBLE HSA - COMPATIBLE <input type="checkbox"/> HSA - Compatible Plan A <input type="checkbox"/> HSA - Compatible Plan B <input type="checkbox"/> HSA - Compatible Plan C

	EMP=Single Employee	E & S=Employee & Spouse	E & C= Employee & Children				FAM=Family					
			State	Home Zip Code	Date of Birth	Age	Sex	Spouse Age	# of Children	Coverage Requested		
									EMP	E&C	E&S	FAM
1												
2												
3												
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