

HAILSTONE INSURANCE GROUP

EMPLOYEE CENSUS FORM

Company Name: _____ Contact Name: _____ Phone # _____

City & Zip: _____ Nature of Business: _____ SIC Code _____ (If known)

Current Carrier: _____ Renewal Date _____

Current Plan Design:

Deductible	In	_____	Out	_____
Coinsurance <small>(i.e. 80/60)</small>	In	_____	Out	_____
OOP Max Individ	In	_____	Out	_____
OOP Max Family	In	_____	Out	_____
Office Copay	In	_____	Out	_____
Prescription Benefit	Rx Ded	_____	Rx Card	_____

Current Rates:

Employee Only	_____
Employee + Spouse	_____
Employee + Child(ren)	_____
Employee + Family	_____

(If rates are different for everyone, please list below)

Employee Name	Gender M/F	Date of Birth or Age	Coverage Election <small>(# of children)</small>	Cobra or Continuation? Y or N	Current Medical Rate	Renewal Medical Rate	Out of Area Employees <small>(city & zip)</small>

Coverage Election Key -
 EE = Employee Only, ES = Employee Spouse
 EC = Employee and Child(ren), include #, EF = Employee and Family, include # of children

Use additional pages if necessary