

List ALL FULL-TIME EMPLOYEES - An Employee Who Works 30 or More Hours Per Week

Name of Company:

Nature of Business:

Address:

Out-of-State Employees: Yes No

Multiple Locations: Yes No

Requested Effective Date:

Total Number Employees:

Total eligible (employees and owners):

Average Number of Hours Worked per Week for the Part-Timers:

Total Number Part-Time Employees:

Current Carrier:	Deductible:
Co-Insurance:	Office Visits:
Rx:	

Name	Gender	Date of Birth	Zip Code	Coverage Election* (key below)	Spouse Date of Birth	Number of Children
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25.						

***Coverage Election Key:** S = Employee Only WP = Waiting Period COB (s,c,f) = COBRA ME = Enrolling - Medicare Eligible
 EE/CH = Employee + Child C = Couple (Employee + Spouse) F = Family (Employee,Spouse+Child(ren))
 W2 = Waive-No Coverage EE/REN = Employee + Children W1 = Waive-Covered Elsewhere

Parent/Guardian Name	Child's Name	Gender	Date of Birth
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