

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)	Coverage Code
Example - John Smith	M	1/1/85	48038	s	employee
Example - John Doe	M	1/1/70	48038	f	employee
Mary	F	1/1/70	xxxxx	xxxx	spouse
Tommy	M	1/1/00	xxxx	xxxx	child
Example - Mary Jones	F	1/1/67	48038	c	employee
Jim	M	1/1/67	xxxx	xxxx	spouse
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

***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

Name	Gender	Date of Birth	Zip Code	Coverage Election* (key below)	Coverage Code
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
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36.					
37.					
38.					
39.					
40.					

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