

The Financial Products Center
 PO Box 1868
 Cranford, NJ 07016
 732-574-8000 ext 615

Health Insurance Census Information
 FAX to: 732-574-8001
 ATTN: Doug Bramson

Name of Company:			Contact Name:		
Address:					
City:			State:		
Phone:			Fax:		
E-mail			Nature of Business		

<u>CURRENT COVERAGE</u>		<u>DESIRED COVERAGE</u>	
Plan Anniversary Date:		Type of Plan	HMO or POS or PPO or POS Direct
Type of Plan	HMO or POS or PPO or Pos Direct	Type of Plan	HMO or POS or PPO or POS Direct
In-Network Co-Pay	\$ _____	In-Network Co-Pay	\$ _____
Prescription Drug Card Co-Pay	\$ _____	Prescription Drug Card Co-Pay	\$ _____
Out-of-Network Deductible	\$ _____	Out-of-Network Deductible	\$ _____
Co-insurance	80/20 or 70/30 or _____	Co-insurance	80/20 or 70/30 or _____

Please copy this sheet for additional employees.

	EMPLOYEE NAME (must work over 25 hour)	SEX	DATE OF BIRTH	STATUS*	WAIVED COVERAGE	COBRA/ NJ CONTINUATION	STATE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

* Status Key: Employee = Single Employee/Child = EE/Child
 Employee & Spouse = H/W Full Family = Family