

Group Insurance Benefits Data Collection Form

Jasick & Associates, LLC.

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Group Name:

City/Zip Code:

Type of Business:

Number of Eligible Employees:

Number Enrolling:

New Business Effective Date:

Sponsored Non-sponsored

Existing Group Insurance? Yes No #

Does group have other locations? Yes No

If yes, please include a separate census for these employees.

(1) List all employees to be Quoted	(2) Date of Birth (MMDDYYYY)	(3) Gender: Male/Female	(4)* # of Regular Members	(5) # of Medicare Eligible	(6) # of Medicare Primary	(7) # of FC Members
EXAMPLE Thomas Jefferson (w/Spouse 2 Children)	11/18/1970	M	3			

Eligible Employee Definition: Full-time employees with a normal workweek of 30 or more hours. As a part of the total number of eligible employees, you may choose to include those working 17.5 to 30 hours as long as the eligibility criterion is applied uniformly without regard to health status-related factors.
 Number of eligible employees in Michigan: _____ Number of eligible employees outside of Michigan: _____ Total number of eligible employees: _____

Regular Members Code*
 1) Single Covered
 2) Double Covered
 3) Family Covered