

Group Employee Census

Company Name _____

Physical Address: _____

Mailing Address: _____

Phone: _____ **Fax** _____

Contact person: _____

Federal ID # _____ **Email** _____

Type of company (LLC, Corp) _____

Accidental Short Term Disability policy _____

Cafeteria Section 125 Plan _____

Retirement Plan (401K, SEP, Profit Share) _____

Name	Date of Birth	Sex M/F	Spouse's Date of Birth if Covered	Dates of Birth for Children	Dental Coverage Y/N

Deductible Preferences _____ \$2,500 _____ \$4,000 _____ Health Savings Account

Co-Pay Office visit _____ \$15 _____ \$20 _____ \$30

Co-insurance _____ 100% _____ 80% _____ 70%

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