

Integrated Benefits Group
Small Group Census



Company Name		Short Description of Nature of Business			Requested Effective Date	
Contact Name		Address		City	State	Zip Code
Phone Number		Fax Number		Contact Email Address		
Individual: %	Family: %	Employer Contribution			Current Carrier Name	
Employer Contribution		Current Carrier Name			Current Plan Design	
Total # of Employees (Include Eligible & Ineligible)		Total # of Eligible Employees		Total # of Participating Employees		Total # of Age 65 or Older Actively at Work Employees

Please provide the following information for ALL of employees of your company, whether or not an employee is eligible and/or currently enrolled in group health insurance through your company.

EE	Employee Only	W*	Waive
EC	Employee & 1 Child	WAC *	Waive - Alternative Carrier from <u>this employer</u>
EC+	Employee & Children	DEC *	Decline
ES	Employee & Spouse	I *	Ineligible
FAM	Full Family		

***Waiver Definitions:**

W: Employees declining coverage due to coverage under another health plan **not** sponsored by this employer.

WAC: Employee declining coverage due to coverage under another health plan sponsored by this employer.

DEC: Employee declining health insurance entirely.

I: Employee not eligible for coverage, including: Temporary or ineligible part-time employees or employees who do not receive the minimum employer contribution.

#	Name	Date of Birth	Election Status Code (Please use legend above)	COBRA (Yes or No)		Zip Code
1.				Yes	No	
2.				Yes	No	
3.				Yes	No	
4.				Yes	No	
5.				Yes	No	
6.				Yes	No	
7.				Yes	No	
8.				Yes	No	
9.				Yes	No	
10.				Yes	No	

Integrated Benefits Group
 Small Group Census – Continued...

 Company Name

#	Name	Date of Birth	Election Status Code (Please use legend above)	COBRA (Yes or No)		Zip Code
				Yes	No	
11.				Yes	No	
12.				Yes	No	
13.				Yes	No	
14.				Yes	No	
15.				Yes	No	
16.				Yes	No	
17.				Yes	No	
18.				Yes	No	
19.				Yes	No	
20.				Yes	No	
21.				Yes	No	
22.				Yes	No	
23.				Yes	No	
24.				Yes	No	
25.				Yes	No	
26.				Yes	No	
27.				Yes	No	
28.				Yes	No	
29.				Yes	No	
30.				Yes	No	
31.				Yes	No	
32.				Yes	No	
33.				Yes	No	
34.				Yes	No	
35.				Yes	No	
36.				Yes	No	
37.				Yes	No	
38.				Yes	No	
39.				Yes	No	
40.				Yes	No	