



"Working for your Benefit"

St. Louis Benefits Group

Group Health Census Info

Phone: 636-349-0401

Fax: 636-349-0402

Company Name: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Contact: _____

Type of Business or Industry: _____

e-mail: _____

Current Health Company: _____

Renewal Date: _____

Current Premium: _____ Employer Health Contribution(%): Employee: _____ Dependents _____

Current Plan Design (circle): Deductible: 0 500 1,000 1,500 Co-Insurance: 100% 90% 80%

Current Employee Benefits (circle): Dental/Eye Care 401K Disability Group Life Caf /Section 125

Also Interested In (circle): Dental/Eye Care 401K Plan Disability Group Life Caf /Section 125

	Employee Name	Gender (M/F)	Age	Spouse Age	# of Children	Type*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

* EE- Emp only
 ES- Emp & Spouse
 EC- Emp & Children
 FAM- Family

** Do any employees listed work at a different location or different state? Yes No If Yes, note proper Zip Code

- Medical Questions:**
1. Are any employees or dependents currently pregnant? Yes No
 2. Has anyone been confined to a hospital in the past 24 months? Yes No
 3. Are any employees currently disabled? Yes No
 4. Are any employees on COBRA or State Continuation? Yes No
 5. Has anyone received treatment for cancer, stroke, diabetes, psychological/alcohol/drug treatments and/or disorder of the heart/kidney/immune system? Yes No

If "Yes" give details: _____

Please complete and fax to 636-349-0402