

EZ-Group Census Form

Our goal is to provide creative premium saving health insurance solutions. To initiate a custom partial **Self-Funding 105** program quote, complete this Group Census form about your firm. A comprehensive proposal package will be prepared for your consideration. If you prefer we can develop traditional PPO or HMO proposals.

Company Name:

Ph:

Type of business arrangement:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> other |

List all full-time employees (1, 2, 3, etc) in your business. Names need not be included.

EE	Gender/Age	Spouse's Age	Number of Kids
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____
#6	_____	_____	_____
#7	_____	_____	_____
#8	_____	_____	_____
#9	_____	_____	_____
#10	_____	_____	_____
#11	_____	_____	_____
#12	_____	_____	_____
#13	_____	_____	_____
#14	_____	_____	_____
#15	_____	_____	_____

The following information is required to prepare customized partial Self-Funding proposal:

<i>Current Carrier:</i>	<i>Current Premium: \$</i>
<i>Current Plan Design:</i> <input type="checkbox"/> HSA <input type="checkbox"/> HMO <input type="checkbox"/> PPO; <i>Deductible: \$</i>	<i>Co-Insurance %</i>
<i>Office Visits Co-pays: \$</i>	<i>Rx Co-pays: \$</i>
<i>% of Premium paid by employer for employee:</i>	<i>% for employees' family:</i>

Your Name:

E-Mail:

Return to the attention of: **Michael Baker**

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