



St. Louis Benefits Group Group Health Census Info

Phone: 636-349-0401

Fax: 636-349-0402

Toll Free: 1-888-569-0401

"Working for your Benefit"

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Contact: _____

Type of Business or Industry: _____ e-mail: _____

Current Health Company: _____ Renewal Date: _____

Current Premium: _____ SIC Code: _____

Current Plan Design (circle): Deductible: 0 500 1,000 1,500 2,500 5,000 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	Home Zip Code	Type*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

* Type: ee- employee only es - employee & spouse ec - employee & 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