



208 Newark Pompton Tpke
 Little Falls, NJ 07424
 Phone: 201-704-1720 Fax: (201)215-1720

Group Name: _____
 Group Physical Address/Zip Code: _____
 Effective Date: _____
 SIC Code/Industry: _____

Current/Renewal

Carrier: _____
 Rates: _____
 Plans: _____

GROUP HEALTH CENSUS DATA

All full-time employees (25 hours +)

| # | Name | Gender | Date of Birth | Spouse DOB | # of Children Under 26 | Coverage Tier (EE/ES/EC/Fam) |
|----|------|--------|---------------|------------|------------------------|------------------------------|
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REQUIRED COVERAGE: S=Single F=Family H&W=EE & Spouse P&C=Parent & Child

Plan Preferences: EPO, PPO, POS, UNION, SELF-INSURED

Copay: \$10 \$15 \$20 \$30 \$35 \$50

Deductible: \$0 \$500 \$1000 \$1500 \$2500 \$3000 \$3500

Coinsurance: 50% 60% 70% 80% 90% 100%

Prescription Drugs: 15/25/20 35/50/75 50%/50%