ECCHiC
Employers Committed to Control Health Insurance Costs

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Group Census Form

PLEASE SEND YOUR CENSUS IN EXCEL FORMAT AS THIS IS THE FORMAT REQUIRED BY THE CARRIERS FOR QUOTING

Contact Person Name:		**Name of Business /Entity:**	
Phone Number:		**Address:**	
Fax Number:		**City, State, Zip Code:**	
Email Address:		**Renewal Carrier and Date:**	
Current Rates:		**Type of Industry:**	
Current Benefits:		**Tax-ID:**	

What would you like to improve about your group health plan? (cost, benefits, network, add voluntary ancillary, etc)	What benefits do you currently offer or are interested in offering?

Comments:

- **Please include all eligible employees even if they are waiving insurance with the status of their election from the choice below**
- **Please include all dependent's gender and date of birth as this is REQUIRED to quote if they want coverage under the Employee's information.**
- **PLEASE SEND A COPY OF YOUR CURRENT PLAN'S "SUMMARY OF BENEFITS" AND CURRENT RATES**

***Status**

E - Employee Only
EC - Employee & Children
W - Waive
ES - Employees & Spouse
FAM - Employee, Spouse and Children

Relationship E, EC, ES, FAM	SSN (optional)	Last Name	First Name	Date of Birth	Gender	Home Address	City	State	Home Zipcode