Return form to: Jenny Hedtke Marsh Affinity Group Services 11000 Prairie Lakes Drive Eden Prairie, MN 55344 FAX 888-287-4741

Marsh Affinity Group Services
Census Data Request Form

EMPLOYER INFORMATION

Name of Employer	Contact Person	Telephone Number	Fax Number
Address		City	State/ZIP
E-mail Address of Contact Person	County	Requested Effective Date	

EMPLOYEE ENROLLMENT INFORMATION

Number of employees eligible for medical benefits _____
Number of employees who waived and have no other coverage _____
Number of employees who waived due to coverage elsewhere _____

Total number to be quoted _____

COVERAGE OPTIONS

Please check the coverages (circle desired deductibles) you would like quoted:

_____ Aware Gold

_____ Aware Gold with Copay

_____ Comprehensive Major Medical with Copay

_____ Comprehensive Major Medical with Deductible
$300 $500 $750 $1,000 $2,000

_____ High Ded. Health Plan 100 (HSA Compatible)
Low Medium High

_____ High Ded. Health Plan 80 (HSA Compatible)
Low Medium High

_____ High Ded. Health Plan (HRA Compatible)
$1,000 $1,500 $2,500

_____ Preferred Gold Limited (90/10)

_____ Preferred Gold Limited with Copay (80/20)

_____ Preferred Gold Limited 80/20–Deductible
$500 $1,000 $2,000

_____ Blue Value with Deductible
$1,500 $2,500

_____ **Dental**
Preventive Dental Advantage Dental

ENSUS INFORMATION

Employee Name	Employee's Age	Spouse's Age	# of Children (if covered)				

Employee Name	Employee's Age	Spouse's Age	# of Children (if covered)				