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
$20 $25

_____ Comprehensive Major Medical with Deductible
$300 $500 $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 Plus with Copay

_____ Blue Plus with Deductible

Dental
_____ Preventive Blue Advantage Blue

CENSUS INFORMATION

Employee Name	EE status **A**ctive **R**etired **C**obra	Retiree on Medicare (**Y** or N)	Coverage Single EE/Sp EE/One Ch Family	Employee's Age	Spouse's Age	# of Children (if covered)	Hours Worked Per Week

Employee Name (Optional)	EE status **A**ctive **R**etired **C**obra	Retiree on Medicare (**Y** or N)	Coverage Single EE/Sp EE/One Ch Family	Employee Date of Birth	Spouse Date of Birth	# of Children (if covered)	Hours Worked Per Week