

Legal Business Name _____
 Business Name (DBA) _____
 Contact Name _____
 Street Address _____
 City/State/Zip _____
 Phone # _____

FHCP Plans of Interest HMO, POS, Triple Option .

Effective Date: _____ Federal Tax ID _____ SIC Code _____

of Eligible Employees _____

CENSUS FORM - GROUPS 2 TO 50 ONLY

Employee #	Member Status	Last Name	First Name	Date of Birth	Gender	Home Zip Code	County	Employment Status Key	Tobacco Status Key	Coverage Status
1	Employee	Example	Example	10/14/1964		33613	Volusia	0 Active	1 Yes	1 Waive/Covered elsewhere
1										
1										
2										
2										
3										
4										
5										
6										
7										

If you need to add more rows for census data, please click on row 16 and insert row.

Member Status Key	Employment Status Key	Tobacco Status Key	County	Coverage Status
ID / Name	ID / Name	ID / Name	Name	ID / Name
Employee	0 Active	1 Yes	Volusia	0 Waive/No other coverage
Spouse/DP	1 COBRA	2 No	Flagler	1 Waive/Covered elsewhere
Child	2 FL-COBRA		Seminole	2 Enroll
	3 Waiting Period			
	4 Part Time			

Agent Name _____
 Agent Phone # _____
 Agent Email Address _____
 Date Requested _____ Quote Needed By _____