

Census and Group Information

Group Name: _____
 Address: _____

 Phone # : _____
 Current Carrier: _____
 Plan Type: PPO HMO HSA
(circle all that apply)
 Current ProGroup Member? Yes or No
(circle one)

Type of Business: _____
 Contact Person: _____
 Fax # : _____
 Current Carrier: _____
 Employee Rate: _____
(if age rated, please attach copy of bill)

	Gender	Age / DOB	Spouse or N	Y	# of Children	Salary	Job Title		Gender	Age / DOB	Spouse or N	Y	# of Children	Salary	Job Title
1								26							
2								27							
3								28							
4								29							
5								30							
6								31							
7								32							
8								33							
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20								45							
21								46							
22								47							
23								48							
24								49							
25								50							

Please give details about any known current / chronic medical conditions:



**BENEFIT
 RESOURCE
 GROUP**
A Limited Liability Company

When census is complete, please fax or email along with copy of current carrier bill (if necessary) to:

lauren@benresgroup.com or 775-688-4401

5985 Home Gardens Dr., Suite A
 Reno, NV 89502
 775-688-4400