

Lovelace Insurance

P.O. Box 9117, West Palm Beach, Florida 33419

Date Received:		Rep: Susan Lovelace
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<i>Census Information</i>			
	Susan Lovelace	Phone:	(561) 845-7392
E-mail:	Susan@LovelaceInsurance.com	Fax:	(888) 556-5859

Group Name:		Effective Date:	
Group Location:		# Eligible EE's:	
Nature of Business:		# EE's Enrolling:	
HR Contact:	Phone:	Email:	

Requested Carriers: Aetna Blue Cross - Blue Shield United Healthcare

Humana AV-Med Cigna

Requested Benefits: HMO POS PPO Dental Life STD LTD

Current Coverage? HMO POS PPO Dental Life STD LTD

Benefit Request Notes: (type below)	
Aetna Request:	
Blue Cross Request:	
United Healthcare:	
Humana:	
AV-MED:	
Current Rates:	Employee : _____ E/S : _____ Family: _____
Employer Contrib.:	Minimum 50% Eligible employee participation level: 75%

Census Information

*E= Employee, E/S =Employee & Spouse, E/C= Employee & Children, F= Family

Gender/Last Name	Age or DOB	Dependent Tier*	Home Zip Code		
1) <i>example: Smith/f</i>	<i>11/05/67</i>	<i>F</i>	<i>33412</i>		
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

Please complete form and fax back to Susan @ 888.556.5859 or email to Susan@LovelaceInsurance.com.