

EMPLOYEE CENSUS

CENSUS Please provide the information requested below for the group's employees. **Proposal rates will be more accurate if you provide complete details regarding dependent spouse and child ages or date of birth data. FINAL GROUP RATES ARE DETERMINED USING SOLD GROUP ENROLLMENT DATA BASED ON AGES OF EMPLOYEES, SPOUSES AND CHILD(REN) ENROLLED AS WELL AS THEIR PLACE OF RESIDENCE ZIP CODE.**

ALL INFORMATION BELOW MUST BE COMPLETED

* Use the following codes in the "Person(s) to be Covered" field:

1-Employee Only 2-Employee/Spouse 3-Employee/Spouse/Child(ren) 4-Employee/Child(ren)

					Covered Dependents:		
Employee Name	Employee Date of Birth or Age	Sex	Zip Code (preferred) or State of Residence	Person(s) to be Covered *	Spouse's Date of Birth or Age	# of Children	Child(ren)'s Age(s)
1.							
2.							
3.							

Please complete and sign the Micro Group Proposal Agreement below.

MICRO GROUP PROPOSAL AGREEMENT

As a self-employed individual, sole proprietor, corporation or partnership (doing business as _____), I, _____, am requesting a quote for group medical coverage from Regence BlueShield/RegenceCare.
(business name)

I understand and agree that if Regence BlueShield/RegenceCare provides a quote, acceptance for coverage and issuance of a contract is subject to the following:

- receipt by Regence BlueShield/RegenceCare of all necessary tax documents to establish eligibility and qualify as a small employer as outlined in Washington law (RCW 48.43.005).
- review and acceptance of such documentation, final rating, acceptance of enrollment forms and establishment of an effective date by Regence BlueShield/RegenceCare.

I further understand and acknowledge that until the above has occurred, there is no group contract in force between my group and Regence BlueShield/RegenceCare and should anyone in my group including dependents incur health care, including dental care, expenses prior to that time, Regence BlueShield/RegenceCare will not be responsible for payment of such expense.

Signature _____ Date _____

Title _____