MDIS4DDS.com
T 573-636-8752 | F 573-634-5770

Chamber Benefit Plan census form

PLEASE NOTE - this form is to gather information for quoting coverage, this is NOT a confirmation of coverage.

New/Replacement plan _____ Requested Effective date _____

Name of Company_____

Street Address _____

City _____ State _____ Zip _____

Work Telephone (_____)_____ Home Telephone (_____)_____

Fax Number (_____)_____ Email _____

Current Health Carrier _____ Renewal date _____

Do you have a Summary Plan Document for your group health ins. plan? _____

Employee	Gender	Date of Birth	Who is covered (see below)	Dependent Date of Birth	Zip Code	Smoker status

Types of Coverage: E = Employee Only, ES = Employee & Spouse, EC = Employee & Children, FA = Family,
* LO = Life Insurance Only or no coverage

*** Note - all full time employees must be listed regardless of whether they are taking or waiving coverage.**

Please fax this form back to MDIS at 573-634-5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request or available at our website *www.MDIS4DDS.com* .

Employers that offer health & welfare benefits (medical, dental, vision, group term life AD&D, STD, LTD, Wellness, EAP) and any voluntary benefits pre-taxed under Section 125 plan, must also comply with ERISA, and have a written plan document and summary plan description for these plans.
MDIS would be happy to assist you in setting up your ERISA compliance documents