Group Insurance Benefits Data Collection Form

Jasick & Associates, LLC.

2850 Thornhills Ave Se Suite 106
Grand Rapids, MI 49546
Office 616-949-1919 x2
Fax 616-949-1313

Group Name: _____ City/Zip Code: _____

Type of Business: _____ Number of Eligible Employees: _____

Number Enrolling: _____ New Business Effective Date: _____

Sponsored ☐ Non-sponsored ☐ Existing Group Insurance? Yes ☐ No ☐ # _____

Does group have other locations? Yes ☐ No ☐ If yes, please include a separate census for these employees.

(1) List all employees to be Quoted	(2) Date of Birth (MMDDYYYY)	(3) Gender: Male/Female	(4)* # of Regular Members	(5) # of Medicare Eligible	(6) # of Medicare Primary	(7) # of FC Members
EXAMPLE Thomas Jefferson (w/Spouse 2 Children)	11/18/1970	M	3			

Eligible Employee Definition: Full-time employees with a normal workweek of 30 or more hours. As a part of the total number of eligible employees, you may choose to include those working 17.5 to 30 hours as long as the eligibility criterion is applied uniformly without regard to health status-related factors.
Number of eligible employees in Michigan: _____ Number of eligible employees outside of Michigan: _____ Total number of eligible employees: _____

Regular Members Code*
1) Single Covered
2) Double Covered
3) Family Covered