

eQuoteAssist Group Census

Instructions

Please provide a copy of the most recent billing statement(s) for all of your group plans.

Tips to Remember

- Please identify each employee with an A for Active, P for Probationary period, W for Waive, IE for Ineligible or C for COBRA in the 1st column.
- Please refer to the Key to assign the appropriate tier for each employee.
- Please include the number of children after the tier and their age in the Child Age(s) column.
- Only complete Occupation and Salary if quoting Life, STD or LTD.
- All COBRA participants need to be included in the census and identified.

#	A/P/W/IE/C	Employee Name	Sex	DOB	Occupation	Salary	Tier	Spouse DOB	Child Age(s)	Zip Code
1	A	John Doe	M	1/1/1958	Manager	45k	EE			99205
2	A	Jane Smith	F	6/7/1978	Account Manager	32k	ESC1	12/11/1976	2	99202
3	P	Bill Brown	M	5/26/1969	Account Manager	30k	ES	6/22/1968		99212
4	W	Betty White	F	4/1/1954	Manager	55k	EC2		10, 8	83814
5	C	Larry Johnson	M	11/23/1949	Op Director	65k	EE			99207
6										
7										
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10										

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Please type the following on your company letterhead:

To Whom It May Concern:

We hereby authorize eQuoteAssist, to search for and obtain quotes,
in addition to renewal information, for our group insurance plans.
This request is to remain in force until revoked by the signer.

Name of Company

Signature of Officer or President of Company Date

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Key:

(DOB) Date of Birth

(A/P/W/IE/C) A =Active, P =Probationary period, W =Waive, IE =Ineligible, C =COBRA

(Tier) EE: Employee Only, ES: Employee Spouse, ESC: Employee, Spouse & Child(ren), EC: Employee & Child(ren)

#	A/P/W/IE/C	Employee Name	Sex	DOB	Occupation	Monthly Salary	Tier	Spouse DOB	Child Age(s)	Zip Code
1										
2										
3										
4										
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#	A/P/W/IE/C	Employee Name	Sex	DOB	Occupation	Monthly Salary	Tier	Spouse DOB	Child Age(s)	Zip Code
26										
27										
28										
29										
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31										
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