Clatsop Health & Life Insurance Agency

960 Commercial Street-PO Box 123-Astoria, OR 97103 ph:(503) 325-0154 fax:(503) 325-7157

List all employees. For those not enrolling use the one of the following codes in the *Enrollment Type* box-
OC (other group coverage) **PT** (part time) **WAV** (no other coverage OR other individual coverage)

Company Name/Address/Phone Number/Email

Quote effective:

Employer contribution toward employee premiums (50% minimum)

ENROLLMENT TYPE
EE = Employee Only
ES = Employee & Spouse
FAM. = Employee & Family
EC = Employee & Child(ren)

		Employee		Spouse	Children				
	Employee Name	Gender	Date of birth	age	Number	age of each	Est. hours worked per week	tobacco use Y/N	Enrollment Type
1									
2									
3									
4									
5									
6									
7									
8									

Quoted rates are based solely on the census information given. Final rates are based on actual enrollment. Mitigating factors not accounted for in the census may effect final rates. Quoted rates are to be considered an estimate only.

Directions: Fill in your company information, the quote effective date (the 1st of any month) and the employer contribution level — this must be a minimum of 50% toward employee premiums (50/0%) to a maximum of 100% for employees and 100% for their dependents (100/100%). Fill in all census information for each employee. For those not enrolling make sure to indicate why under *Enrollment Type* (see codes above). Email or fax your completed census to either Zach or Cheryl's attention. If possible, please give a description of your coverage expectations and your current group health rates and plan design (if applicable). Please don't hesitate to call with any questions.