Employee Census Information to obtain Estimated Rates

THE GOOD NEIGHBOR ALLIANCE CORPORATION
P.O. Box 1421
Coventry, RI 02816
(401) 828-7800 or 1-800-462-1910
Fax (401) 828-7802

Name of Employer: _____

Location: _____
Address City State Zip code

Federal Tax I.D.#: _____ Years in Business _____ Phone: (___) _____ Fax: (___) _____

Nature of Business: _____ Contact Person: _____

Current Health Carrier: _____ Current Carrier Renewal Date: _____ Employer Contribution: _____ Total # Employees: _____ Total # Eligible Employees: _____

Total # Covered Employees: _____ Workers' Compensation Carrier Name (mandatory): _____

Does your group have other business or satellite locations? ☐ Yes ☐ No Are there any other businesses that are affiliated through common ownership? ☐ Yes ☐ No

Which Plans would you like Rates on:

Medical Insurance
- ☐ Blue Cross/ Blue Shield of RI
- ☐ United HealthCare of NE
- ☐ Tufts Health Plan
- ☐ Blue Cross/Blue Shield of MA (5 or more)

Dental Insurance
- ☐ Blue Cross Dental of RI
- ☐ Blue Cross Dental of MA (5 or more)
- ☐ Delta Dental (5 or more)
- ☐ Altus of MA

Life Insurance
- ☐ Combined Services
- ☐ The Guardian
- ☐ The Phoenix
- ☐ The Provident
- ☐ TransAmerica
- ☐ Unum
- ☐ US Life

**All Employees must be listed, including employees currently ineligible for benefits due to waiting period requirements, COBRA and/or retired employees.*

**Please include Dates of Birth (DOB) for all family members*

Employee Name	Sex	DOB	Spouse DOB	Children DOB	**FT**- Full time, C- COBRA **PT**- Part time, R- Retired **I** - Ineligible	**E**-Employee, **ES**- Ee & Spouse **EC**- Ee & Child, **EF** -Ee & Family	**Y**- on Company plan **W**- on Spouse's plan **I**- Ineligible