



## CENSUS FORM – New Business 2010

All fields *must* be completed in order to receive a quote.

<b><u>Business and Contact Information:</u></b>	
Company Name:	
Owner/Principal:	
Contact Name:	
Business Address:	
City/Town:	
State:	
Zip Code:	
Business Telephone:	
Business FAX:	
Email Address:	
Today's Date:	
Effective Date:	

**Office Policy:**

Does the office currently offer health insurance?  
 \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, who is the carrier? \_\_\_\_\_

What is the plan name? \_\_\_\_\_

Is the health coverage through a TPA? (SBSB, HSA or NBT) or through a broker? If so please provide the name: \_\_\_\_\_

What is the current premium amount you pay for health insurance? (round to nearest dollar)  
 \$ \_\_\_\_\_ Ind                                      \$ \_\_\_\_\_ Fam

What percentage does the Employer contribute?  
 Ind \_\_\_\_\_%                                      Fam \_\_\_\_\_%

**Please list ALL employees including part-time, full-time, or employees waiving coverage and include the doctor/owner.**

Last Name	First Name	M/F	Coverage Level (Ind / 2 Person/ Fam)	DOB	Home Zip Code	Waiving Coverage?

**Please indicate below other products you may be interested in receiving information on:**

Health Insurance	Life Insurance
Short or Long Term Disability	Travel Insurance
Section 125 Plans	Pet Insurance
Health Savings Accounts (HSA's)	Medicare Supplement Plan
Dental Spending Plans	Medicare Prescription Drug Plans
Dental Insurance	Voluntary Individual Insurance Plans

**FAX back above information to (508) 898-0068**  
 200 Friberg Parkway, Suite 2006, Westborough, MA 01581  
[www.mdsis.org](http://www.mdsis.org)                      (800) 821-6033                      mdsis-spring@mdsis.org