



Health Advisors Group  
 501 S. Arlington Avenue  
 Harrisburg, PA 17109  
 "We Care For Your Care"

# Agents Health Plan

Update Census Data

## Business Information

|  |  |
|--|--|
| Business Name: _____<br>Business Address: _____<br>City, State Zip: _____<br>Phone: <input type="text"/> <input type="text"/> Fax: <input type="text"/> <input type="text"/><br>Email: _____ County: _____<br>Date Established <input type="text"/> <input type="text"/> <input type="text"/> Tax ID: _____<br>Contact Person: _____ | Business Type:<br><input type="checkbox"/> Sole Proprietor (Schedule C)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other (Specify)<br>_____ |
|--|--|

|  |
|--|
| Total No. of Employees <input type="text"/> No. of Employees working 20+ hours / week (Eligibles) <input type="text"/><br>No. of Eligible Employees waiving coverage <input type="text"/><br>No. of Waivers that have coverage with Capital Blue Cross or Keystone Health <input type="text"/> |
|--|

|  |
|--|
| Current Carrier: _____ Proposed Effective Date: <input type="text"/> <input type="text"/> <input type="text"/>   |
| Plan Choice: <input type="checkbox"/> PPO Program with Vision and Rx <input type="checkbox"/> Senior Program with Vision and Rx<br><input type="checkbox"/> Traditional Program with Vision and Rx <input type="checkbox"/> Optional Dental<br><input type="checkbox"/> Comprehensive Program with Vision and Rx |

## Employee / Dependent Information

| Employee / Dependent | Date of Birth | Gender | SS# | Plan Tier or Dependent of* |
|----------------------|---------------|--------|-----|----------------------------|
|                      |               |        |     |                            |
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|                      |               |        |     |                            |

*Tier Choices: Single, Husband/Wife, Parent/Child, Parent/Children, Family*  
 \*Enter Plan Tier for an employee or enter the employee name associated with a dependent.