Insurance Plans of Florida

P.O. Box 9117, West Palm Beach, Florida 33419

Date Received:		Rep: Susan Lovelace

Census Information

	Susan Lovelace	Phone:	(561) 845-7392
E-mail:	susan@insuranceplansofflorida.com	Fax:	(561) 845-7392

Group Name:			Effective Date:	
Group Location:			# Eligible EE's:	
Nature of Business:			# EE's Enrolling:	
HR Contact:		Phone:	Email:	

Requested Carriers: ☐ Aetna ☐ Blue Cross - Blue Shield ☐ United Healthcare ☐ Humana ☐ AV-Med

Requested Benefits: ☐ HMO ☐ POS ☐ PPO ☐ Dental ☐ Life ☐ STD ☐ LTD

Current Coverage? ☐ HMO ☐ POS ☐ PPO ☐ Dental ☐ Life ☐ STD ☐ LTD

Benefit Request Notes: (type below)
Aetna Request:
Blue Cross Request:
United Healthcare
Humana:
AV-MED:
Current Rates: Employee : E/S : Family:
Employer Contrib.: Minimum 50% Eligible employee participation level: 75%

Census Information

*E= Employee, E/S =Employee & Spouse, E/C= Employee & Children, F= Family

Gender/Last Name	Age or DOB	Dependent Tier*	Home Zip Code		
1) *example: Smith/ f*	*11/05/67*	*F*	*33412*		
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

Please fill out this Census form. Either email it to susan@insuranceplansofflorida.com or print and fax to 561-845-7392.