



GROUP CENSUS FORM

Company Name: _____
 Company Address: _____

 Contact Name: _____
 Agent Name: _____ Agent Phone: _____

Phone Number: _____
 Fax Number: _____
 Email Address: _____
 Effective Date Requested: _____

Small Group CENSUS (Make additional copies if necessary)

Employee Name	Employee Birthdate	Employee Male/Female	Spouse Birthdate	Single	Double	Family	Number of Dependents Age 0-26	Medicare Eligible Y/N	Medicare Eligible Y/N (If Yes, please indicate Part A & B, Active, Retired)
<i>John Doe</i>	<i>5/24/1974</i>	<i>M</i>	<i>2/13/1972</i>			<i>x</i>	<i>2</i>	<i>N</i>	<i>N</i>
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Please send completed form via fax: (810) 733-9596 Attn: Sales or Email: NormaW@mclaren.org
 McLaren Health Plan G-3245 Beecher Road, Flint, MI 48532 McLarenHealthPlan.org