Attn: Julie Conklin

EASTERN INSURANCE GROUP

Phone: 570-819-2000 Fax: 570-819-4000

CENSUS FOR GROUP HEALTH PROPOSAL REQUEST

Date:_____ Employer Name:_____ Tel#:_____

Employer Address:_____

Nature of business:_____ Current carrier:_____

Type of Plan Requested:_____ Current Pricing:_____ Waiting Period:_____

(HMO, POS, PPO;co-pay, deductible) (a copy of current bill if available)

EMPLOYEE INFORMATION

Name or #	DOB/ Age	Gender	Coverage E, E/S,E/C,F	Cobra Y/N	Zip code	Waive/ Yes or no

Key Code: E=Employee E/S=Employee & Spouse E/C=Employee & Child(ren) F=Family