Group Census Form

Date: _____

Name of Entity / Business	
Contact Person	
Address	
Phone / Fax	

Type of Industry:		Effective Date:	
Employer Contribution:			
Current Carrier:			
Current Rates:			

- **Please send a copy of your current plan's "Summary of Benefits"**
- **Please send current rates**

Employee Name	Sex	Date of Birth	Status* (Plan Option)	Spouse DOB / # of Children	Notes

*Status E Employee Only
ES Employees & Spouse
EC Employee & Children
FAM Employee, Spouse and Children
W Waive

THE ECCHIC GROUP

Attention: Howard (website)
2157 Welsch Industrial Ct.
St. Louis, MO 63146
314-997-8865 or 800-280-0010
Fax: 314-997-8016
Email: theecchicgroup@ecchic.com

Name of Entity /Business:_____

Date:_____

Employee Name	Sex	Date of Birth	Status* (Plan Option)	Spouse DOB / # of Children	Notes

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