

VCS Group Inc.

118 West Main Street, Suite 301, Somerset, PA 15501
 (814) 445-4943 FAX (814) 445-3295

COMPANY AND ENROLLMENT DATA FORM

Date: _____

Group Contact Person: _____ Group Phone Number: _____

Email Address _____

Company Name: _____

Street Address: _____ Ownership: _____ Corporation S or C

City: _____ Sole Proprietor

State: _____ Zip Code: _____ Partnership
 _____ LLC

County: _____

Union No Yes If Yes Union Local: _____

Please check all you would like quoted: Life AD&D Disability (STD LTD)

Current Life Carrier: _____ Plan: _____ Renewal Date: _____

Current AD&D Carrier: _____ Plan: _____ Renewal Date: _____

Current Disability Carrier: _____ Plan: _____ Renewal Date: _____

Workers Comp Carrier _____ Date Business Established: _____

Type of business: _____

*The census information can be sent either by fax (814) 445-3295 or
 email to Joni Thomas at jlt@vcsgroup.net*

List Every Employee regardless if participating in plan or not (see codes below)

	Employee Name	Date of Birth	Gender	Salary	Occupation	STATUS <i>See codes below</i>	Home Zip Code
1							
2							
3							
4							
5							
6							
7							
8							

- PT Part Time Employee Not Eligible for Coverage
- W Eligible but, Waiving Coverage
- CBS Covered By Spouses Coverage
- NE Not Eligible for Coverage

Over

	Employee Name	Date of Birth	Gender	Salary	Occupation	STATUS <i>See codes below</i>	Home Zip Code
9							
10							
11							
12							
13							
14							
15							
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45							
46							
47							
48							
49							
50							

*** If your group is over 50 we will need an excel formatted census**

- PT Part Time Employee Not Eligible for Coverage
- W Eligible but, Waiving Coverage
- CBS Covered By Spouses Coverage
- NE Not Eligible for Coverage