

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 _____ Tax ID # _____

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: Medical Dental Vision

Current Health Carrier: _____ Plan: _____ Renewal Date: _____

Current Dental Carrier: _____ Plan: _____ Renewal Date: _____

Current Vision 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)

Also Make sure you include COBRA employees and their Status & mark them as such (i.e. EE-COBRA)

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

EE Employee Only Coverage

EC Employee/Child Coverage

EC+ Employee/Children Coverage

ES Employee/Spouse Coverage

FM Family Coverage

PT Part Time Employee Not Eligible for Coverage

W Eligible But Waiving Coverage

CBS Covered By Spouses Coverage - Waiving

NE Not Eligible for Coverage

Over

	Employee Name	Date of Birth	Gender	STATUS <i>See codes below</i>	Home Zip Code
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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47					
48					
49					
50					

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

EE Employee Only Coverage
 EC Employee/Child Coverage
 EC+ Employee/Children Coverage
 ES Employee/Spouse Coverage
 FM Family Coverage

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