



PacAdvantage

Choice • Simplicity • Affordability

EMPLOYER CENSUS FORM

FAX ALL QUOTE REQUESTS TO 916.786.5760

PACADVANTAGE ID NUMBER

DESIRED EFFECTIVE DATE

EXACT LEGAL NAME OF COMPANY

AGENT'S NAME

DOING BUSINESS AS (DBA)

AGENT'S PHONE NUMBER

MAILING ADDRESS

AGENT'S LICENSE NUMBER

CITY STATE

ZIP GROUP PHONE NUMBER

GROUP CONTACT PERSON

QUOTE RETURN OPTIONS US MAIL FAX E-MAIL

ORDER REQUESTS

THE FOLLOWING INFORMATION WILL DETERMINE GROUP SIZE RATE DIFFERENTIAL

HOW MANY **ELIGIBLE** EMPLOYEES AT TIME OF APPLICATION? _____ (**ELIGIBLE** EMPLOYEES ARE EMPLOYEES WHO ARE **ENROLLING** OR **DECLINING** ONLY.)

EMPLOYERS ARE REQUIRED TO CONTRIBUTE 50% OF THE AVERAGE OF THE GROUP'S PREMIUM FOR ALL ENROLLED EMPLOYEES BASED ON THE LOWEST AVAILABLE EMPLOYEE-ONLY RATE.

QUOTE CAN BE PROCESSED WITH THE FOLLOWING OPTIONS

IF NO OPTIONS ARE SELECTED, QUOTE WILL BE PROCESSED AT 50% OF LOWEST COST HMO FOR MEDICAL COVERAGE, AND 50% OF THE LOWEST COST PLAN FOR OPTIONAL BENEFITS.

EMPLOYER CONTRIBUTION OPTIONS	MEDICAL		DENTAL		VISION		CAM	
	EE	DEP	(IF APPLICABLE)		(IF APPLICABLE)		(IF APPLICABLE)	
			EE	DEP	EE	DEP	EE	DEP
PERCENTAGE (%) OF LOWEST COST HMO PLAN	%	%						
FLAT DOLLAR (\$) AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$
PERCENTAGE (%) OF PREMIUM FOR A SPECIFIED PLAN	%	%	%	%	%	%	%	%
SPECIFIED PLAN								
PERCENTAGE (%) OF LOWEST COST PLAN	%	%	%	%	%	%	%	%

THE FINAL RATES MAY VARY DUE TO ANY CHANGES IN ENROLLMENT OR ELIGIBLE EMPLOYEE COUNTS.

3013 DOUGLAS BOULEVARD • SUITE 200 • ROSEVILLE • CALIFORNIA 95661
877.735.5742
BPI ADMINISTRATIVE SERVICES

QUOTE REQUEST WILL BE PROCESSED WITHIN 24 TO 48 HOURS

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COMPLETE CENSUS FORM

EE = EMPLOYEE ONLY
 ES = EMPLOYEE AND SPOUSE/DOMESTIC PARTNER
 EC = EMPLOYEE AND CHILD(REN)
 FA = FAMILY

PLEASE PRINT ALL INFORMATION

	NAME OF EMPLOYEE	DATE OF BIRTH	COVERAGE LEVEL				HOME ZIP CODE
			EE	ES	EC	FA	
1							
2							
3							
4							
5							
6							
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