

Group Insurance Concepts

Data Request Form

Business Name and Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Nature of Business: _____ SIC Code _____ (if known)

Indicate the benefit plans that you would like to have reviewed with an (X)

Medical _____

Vision _____

Dental _____

Section 125 _____

Disability _____

Flexible Spending Accounts _____

Group Life _____

Voluntary Worksite Benefits _____

Other _____

What does the company contribute towards the cost of the plans?

Medical EE _____ ES _____ EC _____ EF _____

Dental EE _____ ES _____ EC _____ EF _____

Disability EE _____ ES _____ EC _____ EF _____

Other: _____

EE= Employee **ES** = Employee Spouse **EC**= Employee Children **EF** = Employee Family

Does your company currently offer a Section 125 plan? _____

Documents needed for plan review:

- [Completed Census Form](#)
- Copy of benefit summary for all existing benefit plans (Plan Description)
- Most recent billing statement for all existing benefit plans

If you are aware of any ongoing claim situations amongst your covered employees, call a Group Insurance Concepts representative to discuss options and the best course of action for your company.

If your company has over 50 covered employees, we will be in contact with you to gather some additional information.