

Return to: CAPITAL INSURANCE GROUP

Phone 248/333-2500	Madiaal	Fax 248/322-6397
Phone 246/333-2300	wedical	Fax 240/322-039/

Company Name:		_	Nature of Business:	
Address:		_Zip	County:_	
Phone:	Fax		Contact Person:	
Please provide	e addresses of multiple working lo	cations		SIC CODE
Number of Emplo	vees working 30+ hrs/wk:			Number Electing Coverage

"Coverage Code": EE=Single; ES=employee & spouse; EC= employee & child/ren; F= employee, spouse & children

C = COBRA, **NH** = (New Hire/not eligible), **PT** (Part Time), **W** = Waiving, **R**=Retired

Comments: Please provide information regarding any known significant pre-existing health conditions or pregnancies

	Employee	M/F	Date of Birth	Coverage	# of children under 26	Home Zip Codes	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

	Company Name:								Page 2 of 2
	Employee	M/F	Date of Birth	Spouse Date of Birth		# of		Home Zip Codes	Comments
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14									
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