

SHS Snyder Health

Services

Health Insurance Census

Group Name: _____ Tax ID# _____

Full Physical Address: _____

Contact Name: _____ Email Address: _____

Phone & Fax: _____

Billing Contact: _____ Phone: _____

Billing Email: _____

Number of Eligible Members: _____

Desired Major Medical Deductible: \$500 _____ \$1,000 _____ \$2,500 _____

Limited Medical (Select 2): Silver _____ Gold _____ Platinum _____ Diamond _____

Life Insurance Yes _____ No _____

Cancer Insurance Yes _____ No _____

Accident insurance Yes _____ No _____

Family Legal Plan Yes _____ No _____

Dental Yes _____ No _____

Vision Yes _____ No _____

401K Yes _____ No _____

Complete the following section only if you would like Group Health Insurance

Type of coverage: EO=Employee Only EC=Employee & Children ES=Employee & Spouse EF=Employee & Family

Employee Name	Sex M/F	Age	Spouse Age	Type of Coverage	# of Children
1					
2					
3					
4					
5					
6					
7					
8					

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