



USI Affinity Health Plans
in partnership with The MAIN LINE CHAMBER of COMMERCE

Employer Census Data

Contact Name:	Company Name:
Address:	Nature of Business:
Phone:	Current Carrier:
Fax:	Requested Effective Date:
Email:	Benefits Requested: Health Insurance

#	Employee Name	Sex	Age / DOB (MM/DD/YY)	Coverage Type **	Cobra (y/n)	Employee Zip Codes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

If there are any known health conditions, attach a separate data sheet. Once you have completed the census and health information data, please fax your employee census to (610) 537-2560

**Coverage Type:
E = Employee Only ES = Employee & Spouse EC = Employee & Number Of Children F = Family + Number Of Children LO = Life Insurance Only