



Visionary Insurance Partners
VIP Products & Service

Small Group Proposal Request Form

3815 Perkiomen Ave. Reading, Pa.19606

(484) 772-4720 lura@vipagents.net

Small Group Health Plan Census Forms 2-50 Employees

Group Name: _____ County: _____ Zip Code: _____

Agent Name: _____ Phone: _____ Email: _____

Requested Effective Date: _____ Current Carrier & Plan: _____ Type of Business: _____

****Family Status S=Single, PC= Parent/Child, HW= Husband/Wife, F= Full Family**

Employee Name	Sex	Date of Birth or Age	Family Status/ Waiving	Spouse DOB or Age	# of children	Home Zip Code
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Employee Name	Sex	Date of birth or age	Family Status /Waiving	Spouse DOB or Age	#of children	Home zip code
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						