

## CalCPA ProtectPlus ❖ Employee Census Form

Please FAX completed form to the Plan Administrator, Seabury & Smith at 1-800-682-8787

Company Name:
Street Address:
City, State, Zip Code:
Contact:
Telephone Number:
Fax Number:

<p><u>Medical PPO Plan (ProtectPlus Plans)</u></p> <p>\$10 Co-Pay • \$15 Co-Pay • \$15 Enhanced - \$25 Co-Pay</p> <p>\$25 Enhanced - \$35 Co-Pay • \$35 Enhanced •</p> <p>\$45 Co-Pay - HSA \$1,500 - HSA \$2850 •</p> <p><u>HMO 100 - HMO 80</u></p> <p>Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No    Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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	Please List All Eligible Employees Name of Employee	Sex	Date of Birth	Employee's Home Zip Code	Member Only	Member & Spouse	Member & Child(ren)	Family	Medical Plan	
									ProtectPlus (PPO)	CaliforniaCare (HMO)
	<Sample> John A Doe	M	11/26/65	94065				X	X	
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Has your firm had Blue Cross group coverage in the last 12 months?  Yes  No

Do not write in the space below. For office use only.

Name of Producer:	Office:
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Company Name:

	Please List All Eligible Employees Name of Employee	Sex	Date of Birth	Employee's Home Zip Code	Member Only	Member & Spouse	Member & Child(ren)	Family	Medical Plan	
									ProtectPlus (PPO)	CaliforniaCare (HMO)
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