

CalCPA ProtectPlus Employee Census Form

Please fax completed form to **Banyan Administrators, LLC. Managers for the CalCPA ProtectPlus Programs**

Email: cpaprotectplus@banyan-llc.com

Fax: (877) 237-4519

For Questions Call: (877) 480-7923

Date requested: _____

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

Plan Selections (Choose all that apply)

Copay Plans:	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45
	<input type="checkbox"/> \$15	<input type="checkbox"/> \$35	
HSA-Eligible Plans:	<input type="checkbox"/> HSA 1500	<input type="checkbox"/> HSA 2500	<input type="checkbox"/> HSA 2850
HMO Plans (available to firms with 2 or more employees)	<input type="checkbox"/> HMO Advantage 100	<input type="checkbox"/> HMO Value 80	
Optional Coverages:	<input type="checkbox"/> Vision Enhanced	<input type="checkbox"/> Vision Standard	
	<input type="checkbox"/> Dental		

Has your firm had group healthcare coverage with Blue Cross within the last 12 months? YES_____ NO_____

Please do not write in the space below. For office use only.

Name of Producer:	Office:	Phone:

Employer Eligibility for CalCPA Protect Plus Plans – To be eligible, more than 50% of all the firm’s owners must be CPAs, or non-CPA members of CalCPA in good standing. All CPA owners must be members of CalCPA in good standing. If the employer pays 100% of the premiums, or if the plan covers three or fewer employees, then 100% of eligible employees must be covered. Otherwise, at least 75% of the individuals eligible for coverage in each firm must apply for that firm’s coverage. An eligible employee is any employee that is not covered under a partner/spouses medical plan.

Please list all eligible employees and applicable information below. Please do not include Employees full names below as it may help to protect their personal information. You may copy this sheet to add additional employees.

Employee	Date of Birth	Home Zipcode	Coverage Status				Medical Plan Selection		
			Employee Only	Employee & Spouse	Employee & Child(ren)	Family	Copay Plan	HMO Plan	HSA Plan
<Employee 0>	11/25/65	94065				X	X		
Employee 1									
Employee 2									
Employee 3									
Employee 4									
Employee 5									
Employee 6									
Employee 7									
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