Group Roster

Group Name / / Date

Address

City State Zip

Phone Fax Email

How many employees (Including partners, shareholders) do you have? _____

Of this number, how many are part time? _____ How many have coverage through their spouse? _____

How many employees are waiving coverage? _____

Do you currently offer Blue Cross? ☐ yes ☐ no Association affiliation? _____

Please list all employees and owners on your payroll:

Name	Date of Birth	Employee Status*	Average # of Hours Worked per Week

Note: If more space is needed please use an additional sheet of paper

*Please indicate if (single, two person, family; including ages of children or Medicare)

1-800-632-4591
(616) 454-8257
Fax: (616) 454-6549

Paul Goebel Group