Health Advisors Group
501 S. Arlington Avenue
Harrisburg, PA 17109
"We Care For Your Care"

Agents Health Plan

Census Data

Business Information

Business Name: _____

Business Address: _____

City, State Zip: _____ _____ _____

Phone: _____ Fax: _____

Email: _____ County: _____

Date Established _____ Tax ID: _____

Contact Person: _____

Business Type:

- ☐ Sole Proprietor (Schedule C)
- ☐ Partnership
- ☐ Corporation
- ☐ Other (Specify)

_____

Total No. of Employees ☐ No. of Employees working 20+ hours / week (Eligibles) ☐

No. of Eligible Employees waiving coverage ☐

No. of Waivers that have coverage with Capital Blue Cross or Keystone Health ☐

Current Carrier: _____ Proposed Effective Date: _____

Plan Choice:

- ☐ PPO Program with Vision and Rx
- ☐ Traditional Program with Vision and Rx
- ☐ Comprehensive Program with Vision and Rx
- ☐ Senior Program with Vision and Rx
- ☐ Optional Dental

Employee Information

Employee	Date of Birth	Gender	SS#	Plan Tier

Tier Choices: Single, Husband/Wife, Parent/Child, Parent/Children, Family

Local (717) 652-6202 National 1-888-718-0092 email Agentsplan@aol.com