

PHYSICIANS INSURANCE AGENCY OF MASSACHUSETTS

A Subsidiary of the Massachusetts Medical Society

Census Data for Health and/or Dental Insurance Programs

Business Name: _____ SIC Code: 8011
 Primary Contact: _____
 Address: _____
 City, State ZIP _____
 Telephone #: _____
 Fax #: _____
 E-mail: _____

What is your total number of active employees? _____

How many of these are not eligible due to part time status?
 or have coverage through spouse's group plan?

Please complete below, listing every active employees including yourself, and marking those not eligible in appropriate columns:

Employee's Name (not required)	Date of Birth	Individual, 2-person * or Family Coverage	Home ZIP Code **	Number of Children	Check if Part-Time (Not Eligible)	Check if Covered Through Spouse's Group Plan (not enrolling)
EE 1						
EE 2						
EE 3						
EE 4						
EE 5						
<insert rows, if needed>						

* "2-person" rate not available from all companies

** ZIP Code required

What is your current health insurance plan? _____ Renewal/Proposed Effective Date _____

What are your current monthly premium rates for health insurance? _____ per individual
 _____ per couple
 _____ per family

Please specify which plan(s) you are most interested in: _____

Please Fax Completed Census to : (781) 434-6929, email to <cmoynihan@mms.org>

or mail to PIAM 860 Winter Street Waltham MA 02451-1414

Phone: (781) 434-7532
