



BARTON, FENSTERMAKER, TONDELLO, & ASSOCIATES, LLC

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Please complete and answer each question below regarding your company for us to obtain health insurance quotes for your company. In addition to this census information page, there is an employee census form to be completed entirely. We must have all questions answered and all requested information provided to obtain the most accurate quotes. Please email all completed information to Sonia Gann at sonia.gann@ebs-benefits.net or fax to 850-460-7694

GROUP NAME:	
Business Address:	Contact Person:
City, State, Zip Code:	Phone Number:
Group County Location:	Fax Number:
Type of Business:	Cell Number:
Email Address:	Tax ID #:

Has your company employed 20 or more full and/or part-time employees each working day in each of 20 or more calendar weeks during the current or preceding calendar year?

YES NO

Does your group currently have a cafeteria (Section 125) plan in place?

YES NO

Are any employees, owners, and/or officers **NOT covered** by the company's workers' compensation insurance?

YES NO

If the answer is YES, then please insert a check in the designated column to the far right by **each employee** that is exempt (NOT covered) from group's workers' comp policy on page 2 of the census form.

Did the Owner(s) receive a W-2 form from the business?

YES NO

Is at least one employee issued a W-2 form that is not your spouse or IRS tax dependent?

YES NO

Is your group a member of a Controlled Group of Corporation or of common ownership as referenced in Section 414 of the Internal Revenue Code of 1986 (U.S.C. 414 (b), (c), (m), or (o)? If yes, please complete the attached Common Ownership Form.

YES NO

If the Owner(s) have any commonly owned companies and/or entities, they **MUST** be disclosed on the attached Common Ownership Form. The **number of employees** (full time, part time, cobra, seasonal, and waiting period employees) must also be provided. Please return this form along with the completed Common Ownership form, census, and copies of Medicare cards. Even if there are no commonly owned companies, you must list your company with the number of employees and sign the form. If you have questions about completing this form, please consult your attorney or accountant.

How is your business organization listed under Florida Law?

_____ (example - corporation, ect.)

On the Employee Census form (attached) please be sure to complete ALL information for ALL employees, even Part Time and Seasonal employees. For Part Time and Seasonal employees **ONLY**, you can provide just their name and PT in the "Group Health Column".

For all employees that are age 65 and over, please answer Yes or No if the employee and/or spouse is enrolled in Medicare and indicate if each is enrolled in Part A and Part B. If enrolled in Medicare, we need a copy of their Medicare Card. This is very important to the rates.

The dependent information only has to be provided for the spouse/children that will be covered under the employee's group health insurance coverage.

Due to the 2014 changes in healthcare regarding the Affordable Care Act and Healthcare Reform, ALL information requested must be obtained.

