

# Clemons Agency, Inc.

## Company Information Form

324 Commerce Street  
Hawkinsville, Georgia 31036

### EMPLOYER INFORMATION

LEGAL COMPANY NAME \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

### EMPLOYEE INFORMATION

TOTAL NUMBER OF FULL TIME EMPLOYEES \_\_\_\_\_ (25 HOURS OR MORE)

NUMBER OF EMPLOYEES ENROLLING FOR HEALTH INSURANCE \_\_\_\_\_

NUMBER OF EMPLOYEES COVERED ELSEWHERE \_\_\_\_\_

NUMBER OF EMPLOYEES COVERED UNDER COBRA (IF ELIGIBLE) \_\_\_\_\_

EMPLOYER PAYS WHAT PERCENTAGE OF PREMIUM \_\_\_\_\_% EMPLOYEE \_\_\_\_\_% DEPENDENTS

### **CURRENTS BENEFITS**

(Please complete as much information as possible)

#### Medical

#### Requested Plan Changes

Check One \_\_\_\_\_ PPO \_\_\_\_\_ HMO \_\_\_\_\_ POS \_\_\_\_\_ INDEMNITY \_\_\_\_\_

Deductible \_\_\_\_\_

Co-Insurance Percentage (100%, 90%, 80% ) \_\_\_\_\_

Maximum Individual out- of- pocket \_\_\_\_\_

Waiting period for New Employees \_\_\_\_\_

Maternity \_\_\_\_\_ Yes \_\_\_\_\_ No

Prescription Card \_\_\_\_\_ Generic

\_\_\_\_\_ Preferred Brand Formulary

\_\_\_\_\_ Non- Preferred Formulary

Current Carrier \_\_\_\_\_ How Long? \_\_\_\_\_ Renewel Date \_\_\_\_\_

#### Dental

Current Carrier \_\_\_\_\_

What percent does plan pay for \_\_\_\_\_ Preventive \_\_\_\_\_ Basic \_\_\_\_\_ Major \_\_\_\_\_

Deductible \_\_\_\_\_ Calendar Year Maximum \_\_\_\_\_

#### Disability

Current Carrier \_\_\_\_\_

#### **Current Rates (Provide the most recent bill or list bill below)**

#### **Medical**

#### **Dental**

**Employee Only**

\_\_\_\_\_

\_\_\_\_\_

**Employee & Spouse**

\_\_\_\_\_

\_\_\_\_\_

**Employee & Children Only**

\_\_\_\_\_

\_\_\_\_\_

**Family (Employee, Spouse & Children)**

\_\_\_\_\_

\_\_\_\_\_