



## SMALL EMPLOYER PROPOSAL REQUEST

for groups of 2-50

contact: **Angie Lawler**, Marketing Coordinator  
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Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Group Name: \_\_\_\_\_

Eligibility Hours Per Week: \_\_\_\_\_

Address: \_\_\_\_\_

Probationary Period: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Effective Date: \_\_\_\_\_

County: \_\_\_\_\_

Current Medical Carrier: \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Current Dental Carrier: \_\_\_\_\_

Participation/Contribution Requirements	Employee	Dependents
<b>Minimum Employer Contribution</b>	<b>50%</b>	<b>0%</b>
<b>Eligible Employee Participation</b>	<b>100%</b>	<b>25%</b>

1. List all employees on payroll and complete all columns in the table on the census form. Total number of employees and hours per week determines the group status (SEHI 2-25 or HIPAA 26-50).
2. Proprietors or partners of a business may qualify as employees with appropriate documentation of either a Quarterly Tax Report or Payroll Records.
3. Each employee must be regularly scheduled to work a minimum of 17 ½ hours per week.

