

InsuranceBroker.com

About Us

Help

Things to Consider

Enter ZIP Code

Your Information
Company Info

▶ Employee Info

Your Preferences

Plans We Offer

Plan Comparison

Your Selections

Additional Benefits

Online Application

Plan Confirmation

Quick Answers

[Why do you need to know this information about my employees?](#)

Employee Information

- Enter information for all employees who plan to enroll.
- To add rows to the form, select the number of rows you want to add, and click the More Employees button.

Ask the Experts

8am–5pm PST M–F

- Call 800#
- Email
- Online Chat

To move from field to field use the "Tab" key, do not use the "Enter" key.

Census Form:

#	Optional: Employee Name (or initials)	Gender	Employee Zip Code	Employee Date of Birth (mm/dd/yyyy)	Dependents to be covered		Remove
					Spouse	# of Children	
1.	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value="No"/>	<input type="text" value="0"/>	Remove
2.	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value="No"/>	<input type="text" value="0"/>	Remove
3.	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value="No"/>	<input type="text" value="0"/>	Remove
4.	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value="No"/>	<input type="text" value="0"/>	Remove
5.	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value="No"/>	<input type="text" value="0"/>	Remove

Add

[More Employees](#)

Continue

[Print This Page](#)

Save

InsuranceBroker.com

[About Us](#)

[Help](#)

[Things to Consider](#)

Enter ZIP Code

Your Information

Your Preferences

Plans We Offer

Plan Comparison

▶ Your Selections

Additional Benefits

Online Application

Plan Confirmation

Your Selections

- You can select additional benefits offered below.
- Or you can continue to the **Online Application**.
- You can also change your contribution percentages from the **Contribution Worksheet**.

Ask the Experts

8am–5pm PST M–F

- Call 800#
- Email
- Online Chat

Medical	<u>Blue Cross of CA</u>	<u>Basic PPO</u>	\$1,500	<u>Change your plan</u>
Dental	None Selected	—	—	<u>Choose a Dental plan</u>
Vision	None Selected	—	—	<u>Choose a Vision plan</u>
Life	None Selected	—	—	<u>Choose a Life policy</u>
Total			\$1,500	

[Contribution Worksheet](#)

[Online Application](#)

[Privacy & Security](#) | [Licensing & Legal](#)
© Copyright 2000 InsuranceBroker Services, Inc.

[Print This Page](#)

Save

Please create a login

In order for us to save your informatoin, you'll need to create a login.

Thank you for using eHealthInsurance.

Ask the Experts

8am-5pm PST M-F

- Call 800#
- Email
- Online Chat

Company Name (optional)

Your Name (optional)

Your Phone # (optional)

Email address (required)

Password (required)

Retype Password (required)

Enter

Quick ? Answers

[Why do you need this information?](#)

Return to last page