



Small Group Census Form – Texas

Mail or fax census to: UNICARE • P. O. Box 5007 • Bolingbrook, IL 60440-5007 • Fax (888) 262-8563

Group Name _____ Date _____

SIC Code/Industry (Provide detailed description) _____ Agent Name _____

_____ Agent Tax ID No./SSN _____

Group Contact _____ Address _____

Address _____ City _____

City _____ State _____ ZIP _____

State _____ ZIP _____ Phone Number _____

Phone Number _____ Fax Number _____

Fax Number _____ E-mail _____

Proposal to be Faxed Mailed Rates Only Benefits Only Rates and Benefits

Date proposal needed _____ Requested effective date _____

MEDICAL COVERAGE SELECTION				PREMIUM RANGE
High Option	Medium Options	Low Options	<input type="checkbox"/> UNICARE Saver 1000	<input type="checkbox"/> Low
<input type="checkbox"/> Performance Plus No Deductible	<input type="checkbox"/> Performance 750 <input type="checkbox"/> Performance 500	<input type="checkbox"/> Performance 2000 <input type="checkbox"/> Performance 1000		<input type="checkbox"/> Medium
				<input type="checkbox"/> High

EMPLOYER CONTRIBUTION	Medical	Dental
	<input type="checkbox"/> Defined Contribution 100	<input type="checkbox"/> Defined Contribution 15
	<input type="checkbox"/> Defined Contribution 80	<input type="checkbox"/> Defined Contribution Select \$ _____
	<input type="checkbox"/> Defined Contribution Select \$ _____	<input type="checkbox"/> Traditional Contribution _____%
	<input type="checkbox"/> Traditional Contribution _____%	

GROUP TERM LIFE	DENTAL COVERAGE SELECTION
<input type="checkbox"/> A – Flat Amount \$15,000	High Option <input type="checkbox"/> High Option FFS
<input type="checkbox"/> B – Flat Amount \$15,000 to \$250,000 (increments of \$5,000)	Medium Option <input type="checkbox"/> Standard FFS
<input type="checkbox"/> C – Graded Benefits \$30,000 \$15,000	
<input type="checkbox"/> D – Graded Benefits \$50,000 \$25,000	
<input type="checkbox"/> E – Graded Benefits \$100,000 \$50,000	
<input type="checkbox"/> Dependent Life Option	

Medical Coverage Codes for Coverage Information
EE - Employee ES - Employee/Spouse EC - Employee/Child EC+ - Employee/Children EF - Employee/Family

	Employee Name	Sex	Date of Birth or Age	Employee Zip Code	Coverage Information	COBRA
1					EE ES EC EC+ EF	
2					EE ES EC EC+ EF	
3					EE ES EC EC+ EF	
4					EE ES EC EC+ EF	
5					EE ES EC EC+ EF	
6					EE ES EC EC+ EF	
7					EE ES EC EC+ EF	
8					EE ES EC EC+ EF	
9					EE ES EC EC+ EF	

	Employee Name	Sex	Date of Birth or Age	Employee Zip Code	Coverage Information	COBRA
10					EE ES EC EC+ EF	
11					EE ES EC EC+ EF	
12					EE ES EC EC+ EF	
13					EE ES EC EC+ EF	
14					EE ES EC EC+ EF	
15					EE ES EC EC+ EF	
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