



NMG / UandIWIN Group Census



Email completed form to kmclean@nmgins.com or fax (810) 963-0757

Agent Name:		Email:		Effective Date:	
Name of Group:					
Address:		City:	State:	Zip Code:	
Nature of Business or SIC:			Replacing Coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please provide Current Coverage Info.</i>		
<input type="checkbox"/> Assurant <input type="checkbox"/> Starmark <input type="checkbox"/> Madison <i>Please select the carrier(s) you would like quoted – Please select only carriers you are contracted with – contact our office for quotes on non-contracted carriers</i>					

Current Coverage Information		
Carrier:	Monthly Prem. Amt:	Ded Amt:
Maternity <input type="checkbox"/> YES <input type="checkbox"/> NO	Co Ins Amt:	Office Visit Copay : <input type="checkbox"/> YES <input type="checkbox"/> NO
Rx Copay: <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason : <input type="checkbox"/> Renewal <input type="checkbox"/> Mid-year Switch	

Select Plan Design Options Below – Refer to the appropriate carrier brochure for details			
Rx Ded: <input type="checkbox"/> YES <input type="checkbox"/> NO	Rx Ded Amt:	Rx Copays: Generic / Formulary / Non-Formulary	
DOC <input type="checkbox"/> YES <input type="checkbox"/> NO	Copay Amt:	Life Buy-Up : <input type="checkbox"/> YES <input type="checkbox"/> NO	Benefit:
Dental: <input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Ded Amt:	Rate of Pay:	Benefit Max:
Maternity <input type="checkbox"/> YES <input type="checkbox"/> NO	Lab/X-ray Buy-up? <input type="checkbox"/> YES <input type="checkbox"/> NO	AME? <input type="checkbox"/> YES <input type="checkbox"/> NO	Benefit Amt:
Lifetime Max:	Network:		

Plan Type	Deductible	Coinsurance	OOP Max
<input type="checkbox"/> Co-Pay			
<input type="checkbox"/> HSA			
<input type="checkbox"/> HRA			

Please provide specific employee, dependant and general medical prescreen information on the following pages.

If disability is requested, please provide annual incomes on a separate sheet.

NMG is not able to accommodate quote requests for groups of over **50 employees**. To find options for your groups of over 50 employees contact our office by phone.

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Employee Information									
#	Employee			Age or DOB		Gender	Life only	Coverage	# of Children
	Height	Weight	Tobacco?	Primary	Spouse				
1			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM <input type="checkbox"/> 24hr	
2			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM <input type="checkbox"/> 24hr	
3			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM <input type="checkbox"/> 24hr	
4			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
5			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
6			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
7			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
8			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
9			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
10			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
11			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
12			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
13			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
14			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
15			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
16			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
17			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
18			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
19			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
20			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
21			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
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26			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
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30			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
31			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
32			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
33			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
34			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
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36			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
37			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
38			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
39			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
40			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
41			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
42			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
43			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
44			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
45			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
46			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
47			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
48			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
49			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	
50			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> FAM	

E-Employee Only S-Employee/Spouse C-Employee/Child F-Family 24hr – owners not covered on workman’s comp.

Time Ins. Co. (Assurant) Pre-screen Cover Sheet

(You must use this cover sheet when pre-screening Assurant Group)

Group Name: _____ Proposed Eff Dt: _____

Agent: _____

MGA OFFICE: National Marketing Group

Full-Time EE: _____ Part-Time EE: _____ Enrolling EE: _____

State: _____ County: _____

25+ lives- provide the following:

Estimated Additional Rating which can be placed \$ _____

Any Serious Conditions with EE names:

Plan Design: (check one) (Default is RCII or CC2K / \$15/35/55 or \$15/25/50)

Real Choice I _____ Real Choice III _____

Real Choice II _____ CCM2K _____

RX Benefit: (check one)

\$0/35/55 _____ \$15/50/75 + \$250 _____

\$0/50/75 + \$500 _____ \$20/50/75 _____

\$15/25/50 _____ \$0/35/50 _____

\$15/35/55 _____ \$0/35/50 - SF _____

\$15/35/55 + \$250 _____ RX Major Medical _____

\$15/45/60 _____ No RX Coverage _____

\$15/50/75 _____

HRA w/out Co-pay, HSA, EC Plans _____

Comments: