

salesquotes@hne.com

Customer Name _____ Requested effective date _____
 Address _____
 _____ Employees eligible for Coverage _____
 Zip Code _____
 _____ Enrolled employees _____
Group Contact Information
 Name _____ Waivers for other coverage _____
 Phone number _____
 _____ Employer contribution to Premium _____
 Email _____

All members must be included on the census
Employee / Subscriber identifier can be any alpha-numeric combination.
Each Employee / Subscriber identifier must be unique to that subscriber.



Enrollment tier will be determined by family composition of subscriber and dependents.
 All Small Group rates will be issued on a 4 tier basis.
 Relationship Codes EE Employee / Subscriber SP dependent SPOuse, CH dependent Child

Example Census			
Employee / Subscriber Identifier	Relationship code	DOB (mm/dd/yy)	5-Digit ZIP Code
	EE · SP · CH		
1	EE	4/4/1970	01144
2	EE	5/14/1969	01040
2	SP	7/31/1962	01040
2	CH	8/15/2003	01040



Employee / Subscriber Identifier	Relationship code	DOB (mm/dd/yyyy)	5-Digit ZIP Code
1234	EE	5/16/1980	
5678	EE	4/30/1975	
9101	EE	6/25/1990	
1213	EE	7/22/1981	
1213	SP	8/22/1978	
1213	CH	5/16/2006	
1213	CH	5/16/2006	
bill	EE	6/18/1967	
bill	CH	6/25/2000	
bill	CH	9/15/2003	
8956	EE	12/1/1988	
2578	EE	11/24/1972	
6354	EE	6/18/1966	
6354	SP	2/2/1968	

In this example the customer would have

Employee Only	5
Employee Spouse	1
Employee Child(ren)	1
Family	1
total subscribers	8

