*Maddock & Associates * 1407 Willow Rd E, Suite C * Fife, WA 98424*
*Phone: (800) 875-4490 Fax: (253) 896-9411 Email: ins@maddockinsurance.com*

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|---|---|
| **Company Name:** | |
| **Primary Location:** | |
| **Requested Effective Date:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Date Complete** | | | | **New Hire Waiting Period** | |
| **Type of Business** | | | | **Minimum # of Hours/wk** | |
| **NAICS Code:** | | | | **Numbe of employees on Payroll** | |
| **Contribution %:** | **Emp** | | **Dep** | | |

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| **Present Medical Carrier/Plan Design:** | |
| **Present Dental Carrier/Plan Design:** | |

**Please attach a detailed plan summary with claims experience or current/renewal rates.**

| **Medical Rates** | | |
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| | Present | Renewal |
| **Emp** | | |
| **ES** | | |
| **ESC** | | |
| **EC** | | |

| **Dental Rates** | | |
|---|---|---|
| | Present | Renewal |
| **Emp** | | |
| **ES** | | |
| **ESC** | | |
| **EC** | | |

| **Enrollment Status Codes** | | **Medical Waiver Codes** | |
|---|---|---|---|
| **E** | Employee Only | **PT** | Part Time |
| **ES** | Employee + Spouse or DP | **NH** | New Hire in Probation |
| **ESC** | Emp + Sp + Children | **IC** | Ineligible Class |
| **EC** | Employee + Children | **OCS** | Other Coverage Spouse/Parent |
| **W** | Waiving Coverage | **OCG** | Other Coverage Government |
| **NE** | Not Eligible | **NC** | Waiving no other coverage |
| | | **?** | Unknown |

| | Employee | M/F | Date of Birth | Covered Spouse? | Spouse DOB | DOB of Covered Children | Zip Code | Date of Hire | Enrollment Status | | | Medical Waiver Codes | Cobra Start Date | Cobra End Date | Required only for Life or Disability | |
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| | Employee | M/F | Date of Birth | Covered Spouse? | Spouse DOB | DOB of Covered Children | Zip Code | Date of Hire | Enrollment Status | | | Medical Waiver Codes | Cobra Start Date | Cobra End Date | Required only for Life or Disability | |
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| | Employee | M/F | Date of Birth | Covered Spouse? | Spouse DOB | DOB of Covered Children | Zip Code | Date of Hire | Enrollment Status | | | Medical Waiver Codes | Cobra Start Date | Cobra End Date | Required only for Life or Disability | |
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