

CORPORATE NAME:			
DBA			
STREET ADDRESS			
CITY/STATE/ZIP:			
CONTACT PERSON:			
PHONE:		FAX:	
Email:			
Co. code	member #	Loc. #	

## CENSUS FORM



CCA Global Partners  
the power to do more

### Family / Coverage Status

**S** = Single, **ES** = Employee and Spouse

**EC** = Employee and Child(ren), **F** = Family

**W** = Waived Coverage, no other coverage

**WS** = Waived Coverage, spouse has coverage

**WP** = In Waiting Period **I** = Ineligible, PT or Seasonal

Email completed census to: Optima Benefits Group  
[info@optimabenefitsgroup.com](mailto:info@optimabenefitsgroup.com) P:  
(866) 839-0511 F: (585) 506-4050

Please attach current Summary of Benefits, or complete the following information about your current Plan:

Date:

1)	Current Carrier Name:				
2)	Deductible or Hospital Co-Pay: \$	Co-insurance: _____			Out-Of-Pocket _____
3)	Drug Card Co-pays & Deductible				
4)	Doctor Office Co-pays:	Primary \$	Specialists \$		
5)	Current Rates:	S: _____	ES: _____	EC: _____	Monthly Total: _____

	Last Name	First Name	Sex (M/F)	Date of Birth	Family / Coverage Status	Spouse Age	# of Children	Salary (for LTD, STD)	Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									



OPTIMA BENEFITS GROUP  
YOU DESERVE OPTIONS. YOU DESERVE OPTIMA.

the exclusive benefits provider for CCA Global Partners

M-F: 9am. to 8pm. EST



