Association Health Plan
Coverage Census

ALABAMA RETAIL ASSOCIATION

ARA Member # _____ **Total Number of Employees** _____

Company Name _____

Physical Address _____

Mailing Address _____

Contact Name _____ **Contact Phone** _____

Contact Email _____

Current Number of Single Policies _____ **Price Paid Per Single Policy** _____

Current Number of Family Policies _____ **Price Paid Per Family Policy** _____

Please list all employees/dependents who purchase coverage or potentially could purchase coverage.

Employee or Dependent	Company Location Zip	Name	Gender	Date of Birth	Coverage Type	Currently Covered by BCBS?
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