PHYSICIANS' BENEFITS TRUST
1440 Renaissance Drive
Park Ridge, IL 60068
Phone: 800-621-0748
Fax: 847-493-4400

OFFICE BENEFITS PROGRAM

CENSUS - EMPLOYEE DATA SHEET

NAME	SEX	BIRTHDATE	DEPENDENT COVERAGE*				LIFE INS. ONLY	DENTAL INS ONLY
			S	CO	EC	FA		

*Key: **S**: Single, CO: Member + Spouse, **EC**: Member + Children, **FA**: Member, Spouse + Children

Please circle the Plan & Deductible Options for your Group below:

Preferred Choice Indemnity - Deductible: $300 $500 $750 $1000 $2000 $3000

Plan Option: 1 3

Indemnity Option 5 - Deductible: $2500 $5000

Preferred Provider Option - Deductible: $300 $500 $750 $1000 $2000 $3000

Plan Option: A B C

Health Savings Account - Deductible: $1,050 $1,800 $2,700 $5,250

Dental - Deductible: $25 $50

Name of Insured: _____

Contact Person: _____

Address: _____

City, IL, Zip Code: _____

Phone/Fax: _____

If you would like us to e-mail the proposal to you, provide e-mail address below:

E-mail Address: _____