

Fallon Community Health Plan Small Business Census

Today's date: _____

Business name: _____ Effective date: _____

Type of business: _____ SIC: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Phone: _____ Fax: _____

Email: _____

Current carrier: _____ Plan: _____ Rates: _____

List the birth dates of all employees as reported to the Department of Revenue, including owners.

	Date of birth	Coverage type			Does employee have coverage from spouse?	
		Individual	Employee & child(ren)	Employee & spouse	Family	Waive (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Comments: _____

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 Worcester, MA 01608
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 Fax: 1-508-757-0572

