

In order for MedCon to quote employee benefits on your behalf, please complete the table below.

Please note, ALL information is necessary in order to obtain rates.

Once you have completed the census, please submit to Maureen McReynolds: mmcreynolds@medconbenefit.com



MedCon Benefit Systems, Inc.
12400 Coit Road, Suite 1040
Dallas, TX 75251
Phone 214-739-5215

- * E = Employee Only
- * ES = Employee & Spouse
- * EC = Employee & Child (Indicate # of Children)
- * FF = Full Family
- * EF = Employee + Family
- * LO = Life Only (No Medical)

COMPANY NAME:

COMPANY ZIP CODE:

COMPANY SIC:

TOTAL NUMBER OF EMPLOYEES:

Employee's Name	Employee's Soc. Sec. Num.	Date of Birth	Gender	Coverage Desired*					Zip Code	Annual Salary	Occupation or Job Title/Location
				E	ES	EC	EF	LO			

Spouse Name	DOB	Dependent Name	DOB	Gender	Dependent Name	DOB	Gender
		1			3		
		2			4		

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COMMENTS OR QUESTIONS: