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

COMPANY NAME: COMPANY ZIP CODE: COMPANY SIC:

TOTAL NUMBER OF EMPLOYEES:

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

Employee's Name	Employee's	Date of Birth	Gender	Gender		Coverage Des			Zip	Annual	Occupation or Job Title/Location	
	Soc. Sec. Num.			Е	ES	EC	EF	LO	Code	Salary		
Spouse Name	DOB	Dependent Name		DOB Gende		nder	Depe	ndent Name	DOB	Gender		
		1							3			
		2							4			
Employee's Name	Employee's	Date of Birth	Gender		Cover	age De	esired*		Zip	Annual	Occupation or Job	Title/Location
	Soc. Sec. Num.			Е	ES	EC	EF	LO	Code	Salary		
Spouse Name	DOB	Dependent Name		DOB		Gender		Dependent Name		DOB	Gender	
		1							3			
		2							4			
Employee's Name	Employee's	Date of Birth	Gender		Cover	age De	esired*		Zip	Annual	Occupation or Job	Title/Location
	Soc. Sec. Num.			Е	ES	EC	EF	LO	Code	Salary		
Spouse Name	DOB	Depende	ent Nan	пе	DO	ОВ	Gei	nder	Depe	ndent Name	DOB	Gender
		1							3			
		2							4			
Employee's Name	Employee's	Date of Birth Gender			Coverage De		sired*		Zip	Annual	Occupation or Job Title/Locati	Title/Location
	Soc. Sec. Num.			Е	ES	EC	EF	LO	Code	Salary		
Spouse Name	pouse Name DOB Dependent Name		пе	DOB Gender		nder	Dependent Name		DOB	Gender		
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Employee's Name	Employee's	Date of Birth	of Birth Gender		Coverage De				Zip Annual		Occupation or Job Title/Location	
	Soc. Sec. Num.			Е	ES	EC	EF	LO	Code	Salary		
Spouse Name	DOB	Depende	ent Nan	ne	D	OB	Gei	nder	Denei	ndent Name	DOB	Gender
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Employee's Name	Employee's	Date of Birth	Gender		Coverage Desired*			Zip	Annual	Occupation or Job 7	itle/Location
	Soc. Sec. Num.			Е	ES E	C EF	LO	Code	Salary		
Spouse Name	DOB	Dependent Name		DOB Gender		Dependent Name		DOB	Gender		
		1						3			
		2						4			
Employee's Name	Employee's	Date of Birth Gender			Coverage Desired*			Zip Annual		Occupation or Job Title/Location	
	Soc. Sec. Num.			Е	ES E	C EF	LO	Code	Salary		
Spouse Name	DOB	Depende	ent Nam	ne	DOB Gender			Dependent Name		DOB	Gender
		1						3			
		2						4			
Employee's Name	Employee's	Date of Birth	Gender		Coverage			Zip	Annual	Occupation or Job 1	itle/Location
	Soc. Sec. Num.			Е	ES E	C EF	LO	Code	Salary		
Spouse Name	DOB	Dependent Name		DOB G		nder	Dependent Name		DOB	Gender	
		1						3			
		2						4			
Employee's Name	Employee's	Date of Birth	Gender		Coverage			Zip	Annual	Occupation or Job 1	itle/Location
	Soc. Sec. Num.			E	ES E	C EF	LO	Code	Salary		
Spouse Name	DOB	Depende	Dependent Name		DOB Gender		Dependent Name		DOB	Gender	
		1						3			
		2						4			
Employee's Name	Employee's	Date of Birth	Gender		Coverage Desired*		Zip Annual		Occupation or Job Title/Location		
	Soc. Sec. Num.			Е	ES E	C EF	LO	Code	Salary		
Spouse Name	DOB	Depende	ent Nam	ne	DOB Gender		Dependent Name		DOB	Gender	
		1						3			
		2					4				
Employee's Name	Employee's	Date of Birth	Gender		Coverage	Docirod*				Occupation or Joh 7	itle/Location
			Condo					Zip	Annual	Occupation of Job 1	
	Soc. Sec. Num.		Condo	Е	ES E		LO	Zıp Code	Annual Salary	Occupation of Job 1	
					ES E	C EF		Code	Salary	·	
Spouse Name	Soc. Sec. Num.	Depend				C EF	LO	Code		DOB	Gender
Spouse Name					ES E	C EF		Code	Salary	·	
·	DOB	Dependo 1	ent Nam	ie	ES E	C EF Ger		Code Deper 3 4	Salary ndent Name	DOB	Gender
Spouse Name Employee's Name	DOB Employee's		ent Nam	ne	ES E DOB Coverage	Gei Desired*	nder	Code Deper 3 4 Zip	Salary ndent Name Annual	·	Gender
·	DOB	Dependo 1	ent Nam	ie	ES E	Gei Desired*		Code Deper 3 4	Salary ndent Name	DOB	Gender
Employee's Name	DOB Employee's Soc. Sec. Num.	Dependent 1 2 Date of Birth	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location
·	DOB Employee's	Dependo 1	ent Nam Gender	ne E	DOB Coverage	Ger Desired* EF	nder	Code Deper 3 4 Zip Code	Salary ndent Name Annual	DOB	Gender
Employee's Name	DOB Employee's Soc. Sec. Num.	Dependent 1 2 Date of Birth	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location
Employee's Name Spouse Name	DOB Employee's Soc. Sec. Num. DOB	Dependent 1 2 Date of Birth	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code Deper	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location
Employee's Name Spouse Name	DOB Employee's Soc. Sec. Num. DOB	Dependent 2 Date of Birth Dependent	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code Deper 3	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location
Employee's Name	DOB Employee's Soc. Sec. Num. DOB	Dependent 2 Date of Birth Dependent	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code Deper 3	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location
Employee's Name Spouse Name	DOB Employee's Soc. Sec. Num. DOB	Dependent 2 Date of Birth Dependent	ent Nam Gender	ne E	ES E DOB Coverage ES E	Ger Desired* EF	nder	Code Deper 3 4 Zip Code Deper 3	Salary ndent Name Annual Salary	DOB Occupation or Job 1	Gender itle/Location