

Fallon Community Health Plan Census



To:

Fallon Community Health Plan
 10 Chestnut St.
 Worcester, MA 01608
 Phone: 1-888-746-4823
 Fax : 1-508-368-9565

Company name: _____

Address: _____ Telephone: _____

Company Web site: _____

Contact person: _____

Number of benefit-eligible employees: _____

Current carrier information			
Current carrier _____			
Deductible _____			
OV \$ _____	Specialty OV \$ _____	ER \$ _____	Inpatient \$ _____
Imaging \$ _____			
Same-day surgery \$ _____		Rx \$ _____	
Employer contribution _____		SIC _____	
Employee rate \$ _____	Two-person rate \$ _____	Family rate \$ _____	
Rate effective date _____			

Instructions:

1. Groups with fewer than 51 eligibles, please complete columns A, and B and D.
2. Groups with 51 or more eligibles, please complete all columns.
3. Groups with 100 or more subscribers, please contact your sales executive at 1-888-746-4823.
4. You must submit a four-tier census for all Small and Large Group quotes to receive quoted premium rates that accurately represent the population and are not overstated.

	(a) Subscriber D.O.B.	(b) Contract type*	(c) Gender**	(d) ZIP code
1				
2				
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4				
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* Contract type: 1 = Individual, 2 = Employee and spouse, 3 = Employee and child(ren), 4 = Family, W = Waiver with coverage (spousal, Medicare, Medicaid), WO = Waiver without coverage.

** Not needed for small groups.

	(a) Subscriber D.O.B.	(b) Contract type*	(c) Gender**	(d) ZIP code
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** Not needed for small groups.

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 fchp.org ■ 1-888-746-4823 ■ Fax: 1-508-368-9565

