

SMALL BUSINESS COALITIONS OF TEXAS

Information Form

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Phone: _____ FAX: _____

E-Mail: _____

Type of Business (or SIC code): _____

Does Your Company currently offer Group Health Insurance? Yes ___ No ___

If your answer to this question is “no” and you can answer “yes” to the following two questions, you might qualify for a new plan known as *HEALTHY TEXAS*. This is a low-cost plan just approved by the Texas Department of Insurance that provides partial premium funding and does not add any premium loads because of health conditions or type of business.

Do at least 30% of your employees make less than \$32,490 per year? Yes ___ No ___

Will you as the employer pay at least 50% of the employee’s premium? Yes ___ No ___

If you would like a proposal for specific requested benefits please complete the following section.

Requested Effective Date: _____

Deductible: \$ _____ Co-Insurance: _____ % Out-of-Pocket Maximum: \$ _____

Doctor Co-Pay: Yes ___ No ___ RX Benefit: Yes ___ No ___ Maternity: Yes ___ No ___

Life Insurance: Yes ___ No ___

Dental: Yes ___ No ___

Please complete this form and the Census form. **In the event an employee has a serious medical condition (Heart Problems, Cancer, Diabetes, etc.) or has incurred in excess of \$2500 in medical expenses in the past 12 months, please have them complete the attached Health History Form and submit it with the Information and Census forms.**

Upon completion of all forms, either fax (888-333-0563) or email (hpatman@tx.rr.com) these to Harold Patman at SBC Benefits. For questions or further information you can call 972.306.1966.