KJ Healthy Benefits Plan
Specialized Benefits by Lifestyle Health Plans

# Healthy Benefits Plan Census

Employer Information

Employer: _____

Employer Address: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Affiliated Association: _____

In order to provide the most accurate rates, please ensure the following information is included.

**Preliminary Rates Requirements:**

- ☐ Census listing each eligible employee (found on the following pages)
- ☐ Current benefits from current carrier
- ☐ Current and/or renewal rates on current group health plan

Please fax completed sheets to **816-221-7649** or email to **kjhealthybenefits@kjins.biz**

KJ Healthy Benefits Plan

*Specialized Benefits by Lifestyle Health Plans*

**Coverage Level Options:**

| | |
|---|---|
| Employee Only | EE |
| Employee/Spouse | ES |
| Employee/Child(ren) | EC |
| Family | FAM |
| Waiver | |

# Employee Information

| First Name | Last Name | Gender | Date of Birth | Coverage Level |
|---|---|---|---|---|
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