



Professional Insurance Programs
A division of WDA Insurance & Services Corp.

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Group Census

WDA Association Health Plan



WPS available in all counties except Dane County.
Quartz available only in Dane County.

Group Name: _____

Main Contact: _____

Address: _____

City, State, Zip: _____ **County:** _____

Email address: _____

Telephone: _____ **Business Number:** _____ **Fax Number:** _____

Effective Date _____

Employee Name	Waiver Y/N	DOB	Gender	Annual Salary	Spouse Name / DOB / Gender	Child Name / DOB / Gender	*Plan Type	Residence Zip Code

This census data is collected to allow us to obtain preliminary rates. Final rates are subject to medical underwriting. Any changes to the census will also change the rates.

*Type of Plan: EE-employee only ES-Employee and Spouse EC- Employee and Child(ren) ESC-Family

Current Carrier: _____ Current Plan: _____ Current Premium: _____

WPS-WDA PLAN OPTIONS

Copay Options

Deductible:	\$750/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance:	80/60	80/60	80/60	100/70	80/60
MOOP:	\$2,750/\$5,500	\$4,500/\$9,000	\$5,500/\$11,000	\$5,000/\$14,500	\$6,000/\$12,000
Copays:	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300
RX:	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60

**HDHP Options
HSA Qualified**

Deductible:	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance:	100/70	80/60	100/70	100/70
MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$5,000/\$10,000	\$6,550/\$13,100

IS YOUR OFFICE COMPLIANT? IF NOT, LET TASC BE YOUR RESOURCE WITH THEIR TASC COMPLIANT BUNDLE AT SPECIAL PRICING FOR WDA MEMBERS!

Total Administration Services Corporation (TASC):

FlexSystem/Section 125/ Premium Only Plan _____ COBRAToday _____ Health Reimbursement Account-HRA _____ Administration of ERISAEdge _____

***TASC Bundle: ERISAEdge, FlexSystem/COBRAToday _____**

Epic Specialty Benefits: Includes Special Pricing for WDA Members! Employer Paid _____ Employee Paid _____ (Please indicate)

Office Overhead _____ Short Term Disability _____ Long Term Disability _____ Group Reducing Life _____

ThinkHR-Your Human Resource Services _____

Indicate if you would like additional information on any of the following coverages:

Life _____ Disability _____ Professional Liability _____ Business _____ Home & Auto _____ Medicare _____ Long Term Care _____ Travel _____ Vision _____

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