



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

Phone: 800-637-4676  
Fax: 414-277-1124  
info@profinsprog.com

# Group Census

## State Bar of Wisconsin Group Health Plan for Law Firms

A Member Benefit of



STATE BAR  
OF WISCONSIN



Group Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Effective Date \_\_\_\_\_

Employee Name	DOB	Gender	Spouse Name / DOB / Gender	Child Name / DOB / Gender	*Plan Type	Residence Zip Code

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

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.

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Current Carrier: \_\_\_\_\_

Current Plan: \_\_\_\_\_

Current Premium: \_\_\_\_\_

### WPS PLAN OPTIONS

#### Copay Options

Deductible:	\$750/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$7,500/\$15,000	\$9,450/\$18,900
Coinsurance:	80/60	80/60	80/60	80/60	80/60	100/70
MOOP:	\$3,750/\$7,500	\$5,500/\$11,000	\$6,500/\$13,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,450/\$18,900
Copays:	\$10/\$25/\$50/\$300	\$10/\$35/\$70/\$500	\$10/\$35/\$70/\$500	\$10/\$50/\$70/\$500	\$10/\$50/\$70/\$500	\$10/\$50/\$70/\$500
RX:	\$10/\$20/\$40/\$80/25%	\$10/\$20/\$50/\$100/25%	\$10/\$20/\$50/\$100/25%	\$10/\$20/\$50/\$100/25%	\$10/\$20/\$50/\$100/25%	\$10/\$20/\$50/\$100/25%

#### HDHP Options HSA Qualified

Deductible:	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$6,550/\$13,100	\$7,500/\$15,000	\$8,050/\$16,100
Coinsurance:	100/70	80/60	100/70	100/70	100/70	100/70
MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$5,000/\$10,000	\$6,550/\$13,100	\$7,500/\$15,000	\$8,050/\$16,100

#### Additional Services Available:

##### Benefit Management Solutions:

FlexSystem/Section 125/ Premium Only Plan \_\_\_\_\_ COBRA Administration \_\_\_\_\_ Health Savings Account (HSA) \_\_\_\_\_

Health Reimbursement Account (HRA) \_\_\_\_\_

Mineral-Your Human Resource Service \_\_\_\_\_

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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