



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



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.

Please return census form to Professional Insurance Programs via email, info@profinsprog.com or fax 414-277-1124

Revised 9/04/2025

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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	\$9,200/\$18,400
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	\$9,200/\$18,400
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	\$3,500/\$7,000	\$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	100/70
MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$3,500/\$7,000	\$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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