Employee Census Data Sheet

Please fax form to 919-657-0316

Firm Name: _____

Contact Person: _____

Firm Address: _____

_____

Phone: (____) _____

Fax: (____) _____

Email: _____

Current Health Carrier: _____

(include current rates and benefits for best service)

Participation in the North Carolina Bar Association Health Benefit Trust requires that the attorneys in the firm be members of the North Carolina Bar Association.

Name	*Coverage	Gender	**DOB

***EO** - Employee Only; **EC** - Employee & Child(ren); **ES** - Employee & Spouse; **EF** - Employee & Family; **Rates are based on actual date of birth
Rates may vary with incomplete information

ADDITIONAL INFORMATION

I would like more information on the following:

LIFE & HEALTH
- ❑ North Carolina Bar Association Health Benefit Trust
- ❑ Medicare Supplement & Part D
- ❑ Long-Term Care
- ❑ Dental (firms of 3 or more)
- ❑ Disability
- ❑ Individual Life
- ❑ Group Life
- ❑ Professional Overhead Expense

PROPERTY & LIABILITY
- ❑ Business Owners Policy
- ❑ Workers Compensation
- ❑ Commercial Auto
- ❑ Personal Home, Auto & Liability

STRUCTURED SETTLEMENTS
- ❑ Frequently Asked Questions
- ❑ Structuring Attorney's Fees
- ❑ Spanish Language Structured Settlement Brochures

COURT BONDS
- ❑ Price List & Forms

PLEASE CONTACT ME VIA
- ❑ Phone
- ❑ Fax
- ❑ Email
- ❑ Mail