



REQUEST A GROUP INSURANCE QUOTE

Managed Care Adm ,Inc

6307 84th St SE

Caledonia, MI 49316

PH: 616-891-1984

FAX: 616-891-0086

Email: jdeikema@mymcai.com

Web: www.befitsthatfit.com

(For Michigan Association of Christian Schools Members)

We offer 2 options to complete this form.

- Print the form, complete it, then fax or mail to Managed Care Administrators, INC.
- Download a PDF version from www.macshome.org Complete the form either here or on the .pdf file, print it out, and then fax, mail or email to Managed Care Administrators.

EMPLOYER INFORMATION

Contact Person:

Email address:

Ministry Name:

Ministry Address:

City State and Zip:

Phone:

Number of Employees:

School or Ministry:

Current Insurance
Company:

Are you aware of any major health conditions? If so, what are they? **If none, indicate none in the comment area.**

Comments:

EMPLOYEE CENSUS DETAIL

	Name of Employee (Optional)	# Hours worked a week	Date of Birth or Age	Sex (M/F)	Spouse Date of Birth or Age	Number of Children	Home Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

If you have 15 or more employees you have several options. You can complete this form more than once, email us and attach your census with an Excel or Word document, or fax the information to our office in your own format.