Pennsylvania Medical Society
PENNSYLVANIA MEDICAL SOCIETY INSURANCE AGENCY

CENSUS INFORMATION SHEET
GROUP DISABILITY AND LIFE

Group Name:		
Group Phone:	Group Fax:	E-mail Address:
Address: County:		
Contact Person:		Title:
Contact Phone:	Contact Fax:	
How Long in Business		
Name of Pennsylvania Medical Society Member:		
Name of Current Carrier:		Current Monthly Premium:
SIC: 8011		

Products Interested In: ***(please check all that apply)***

☐ Disability

*Indicate Elimination Period: LTD: ____ 90-day ____ 180-day
STD: ____ 7-day ____ 30-day

*Indicate Duration: STD: ____ 9 weeks ____ 13 weeks ____ 26 weeks

☐ Life

Indicate Amount of Benefit: ____ 2x Salary ____ Specific Amount ($ _____/employee)

*Elimination period is similar to a deductible. A 90-day elimination period means that disability payments will not start until after a 90 day period has been met whereby an individual has been disabled for that amount of time. Elimination periods help to reduce the premium for group disability coverage. Please note that price quotes can be generated for both 90- and 180-day elimination periods.

Employee Name (indicate physicians)	DOB	Gender	Current In-Force Coverage Y/N?	State of Residence	Annual Salary	Position/ Title - Specialty

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