Essential Benefit Solutions, LLC

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Wendy K. Hamlin

Owner

NJ/NY Small Group CIF		Effective Date of Coverage:	
Company Name:			
Address:			
Ph:			
rax:			
Eman.			
Contact(s):		Title:	
Current Carrier(s):			
Plan Type(s):			
In Net Copays OV:			
Gated/Non Gatea:			
<i>In Nei Dea/Coins/M</i>	OOP:		
Out Net Ded/Coins/I	MOOP:		
Rx:			
Vision:			
Census of Emp	loyees Enrolled	in Health Plan _{(ZIP}	CODE IF NOT LIVING IN <u>NJ</u>)
<u>Name</u>	Date of Birth	<u>Gender</u>	<u>Family Status</u>