Employee Roster





For Office Use Only:

Prospect No.

Company Name			
Physical Address			
City	State	ZIP	
Contact Person's Name			
Contact Person's Phone		Cell Phone	
Proposed Effective Date	County		
Employee and Dependent Informa	ition		
Names IMPORTANT: Only list employees working 30+ hours per week, and any dependents, to be included in rating.	List One: Employee Spouse Child or Step-Child	Date of Birth	Gender M / F
Example:			
John Doe	Employee	01/01/1970	М
Jane Doe	Spouse	01/01/1972	F
Andy Doe	Child	01/01/2000	M

Contact Us 1-800-874-1823 (toll-free) 785-291-4303 (in Topeka) Fax: 785-290-0719 E-mail: smallgroup.sales@bcbsks.com

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