



ASSOCIATION HEALTH INSURANCE DATA COLLECTION REPORT 2022

Any personal and organizational information provided on this report will not be shared or used by any outside 3rd party vendors, insurance carriers, or marketing firms without your written consent.

ACCOUNT INFORMATION

<u>Company Name:</u>	
<u>Street Address:</u>	
<u>City:</u>	
<u>Zip Code:</u>	
<u>Contact Name:</u>	
<u>Phone #:</u>	
<u>Email:</u>	

<u>TOTAL # Employees:</u>	
<u># of Union Employees:</u>	
<u># of Non-Union Employees:</u>	

CURRENT PLAN INFORMATION:

<u>Medical:</u>	Current Carrier:	Renewal Date:
	# EE's Enrolled:	
	Current Plan:	

<u>Dental:</u>	Current Carrier:	Renewal Date:
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<u>Vision:</u>	Current Carrier:	Renewal Date:
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PLEASE CONTACT:

Eric Kane, AVP Gallagher Benefits Eric_Kane@ajg.com 518-724-6741