Ministry Pacific, LLC
Medical Benefits Census

MinistryPacific
FINANCIAL INSURANCE SERVICES, LLC

Company Name:				**Contact :**		**Phone number:**
Employee	**Gender**	**DOB**	**Zip Code**	**Medical Enrollment Status***	**Anticipated Effective Date: 11/1/09**	
Example: Jane Doe	F	4/22/50	92123	EE		*** ENROLLMENT STATUS KEY**
						EE = Employee
						ES = Employee + Spouse
						EC = Employee + Child(ren)
						EF = Employee + Family
						Any questions, please contact Delphine Gray at 866-870-2700 ext. 818 or via e-mail at Delphine@ministrypacific.com
						After completing, please either:
						1) Email file to Delphine@ministrypacific.com
						2) Fax to: (866) 855-5030
						3) Mail to: 2508 Garfield Ave., STE F
						Carmichael CA 95608