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**TRIANGLE BENEFIT SERVICES, INC.**

**www.trianglebenefitservices.com**

**Individual Health Insurance Census**

**Client name:**

**Address:**

**Phone:**

**Broker:**

**Email:**

**Phone:**

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Gender	Relationship SR= Subscriber SP = Spouse CH = Child	Zip Code	County	Tobacco Use (Y/N)

Agency use only:

Scrub census to make sure all pertinent information for quoting has been provided  
(if incomplete, contact agent of record on account)

Add new prospect account in Benefit Point  
(Do an account search to make sure it has not already been established)

Quote insurance options as specified by agent of record  
(If specific options not indicated, quote ALL options)

\_\_\_\_\_ Highmark  
\_\_\_\_\_ HealthAmerica One  
\_\_\_\_\_ United Healthcare  
\_\_\_\_\_ UPMC  
\_\_\_\_\_ Blue Edge Dental

Set up Proposal  
(Save proposal in MedPlans folder: ie: Qjohn Smith January 1, 2014)

Email completed proposal  
(TBS Agents - email proposal in PDF format unless otherwise requested)

Return paperwork to respective agent

SBC

Lead List

\_\_\_\_\_ **Date Received**

\_\_\_\_\_ **Date Started**

\_\_\_\_\_ **Date Completed**

\_\_\_\_\_ **Date Emailed**