EVERGREEN
HEALTH PLAN, INC.

Company name:_____ Phone:_____

Address:_____ FAX:_____

Effective Date:_____ Agent:_____

AGE	SEX	EMP	EMP+ SPOUSE	EMP+ CHILD	FAM	* List all medical conditions *List all medications being used by each family member to be insured

Please fax / mail census data to:

Tracy Kraft
Evergreen Health Plan
707 Center Street Suite 110
Columbus, GA 31901
Phone:706-660-6175
FAX: 706-660-6515