

Carolinas Electrical Contractors Association (CECA)

EMPLOYER DATA FORM

Employer Name:	
Address:	
Other Locations:	
Main Contact:	
Phone Number:	
Fax Number:	
E-mail Address:	
Total # of Employees:	
Full Time:	
Part Time:	
Total # of Employees	
Participating in the plan:	
Total # of Employees	
Within the waiting period:	
Current Health Plan:	
Current Renewal Date:	
Employer Contribution to:	
Employee coverage?	
Dependent coverage?	
Do you currently offer:	
Employee Life?	
Dependent Life?	
Dental?	
Vision?	
Flexible Spending Accts?	
Pre-tax Premiums?	

Completed By: _____

Title: _____