How to Complete & Return This Form

DUE DATE: Please complete and upload this form by Tuesday, September 1, 2026.

Thank you for sharing information with Acrisure about the staff at your organization who would be covered by the Commonwealth Benefits Collaborative. You are not making any commitment at this time; you're simply sharing information to see what pricing the insurance companies will return.

STEP 1 • Fill in the form (page 2)

1. Go to page 2. At the top, type your Organization Name, Contact Person, Email, and Phone.
2. For each person who wants to participate, fill in one row: First Name, Last Name, Date of Birth, Home ZIP Code, Gender, and whether they are the Employee, Spouse, Partner, or Child.
3. For Gender and Employee/Spouse/Partner/Child, click the box and pick from the drop-down list.
4. Include the employee and each family member who wants coverage — one person per row.
5. When done, save the file and rename it with your organization's name — for example, "SmithNonprofit-Census.pdf".

- Important: open this form in the free Adobe Acrobat Reader (not your web browser), then use File › Save As to save your answers — otherwise what you typed may not be saved.

STEP 2 • Send it back to us securely (recommended)

The easiest, safest way to return this form is to upload it using our secure link — the connection is encrypted automatically and the information is passed securely to Acrisure. You do NOT need to email the file.

1. Go to our secure upload page:
   https://www.dropbox.com/request/sd9b3i0gagic9mbg39ys
2. Click "Upload" and select your saved census file (named with your organization's name).
3. Confirm the upload. That's it — your information is sent securely to Acrisure for pricing, and we'll be notified automatically.

BACKUP OPTION • If you can't use the upload link

Only if the upload link won't work: email the completed file to CBC@npcberkshires.org. For added privacy you may password-protect it first and phone/text us the password separately (never in the same email).

Your privacy is protected

This form collects only basic, de-identified information (date of birth, gender, home ZIP code, and coverage type). It does NOT include medical history or any personal health information. Acrisure receives this information and holds it confidential in compliance with the protection of Personally Identifiable Information (PII).

Questions? Email CBC@npcberkshires.org and we'll be glad to help.

YOUR ORGANIZATION'S CONTACT INFORMATION

(the person we should contact with questions about this form — not an employee being enrolled)

Organization Name:

Contact Person:

Contact Email:

Contact Phone:

First Name	Last Name	Date of Birth	ZIP	Gender	Employee / Spouse / Partner / Child
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)

Tip: click Gender and the coverage column to pick from the drop-down list.

First Name	Last Name	Date of Birth	ZIP	Gender	Employee / Spouse / Partner / Child
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)
				(select)	(select)