OMB No. 0935-0105: Approval Expires 12/31/2000

FORM **MEPS-15(E)**
(6-17-99)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey – Insurance Component

HEALTH INSURANCE COST STUDY

Establishment Worksheet

Start here

A FEW IMPORTANT INSTRUCTIONS

- In this section please report for the small sample of establishments chosen to represent your company.
- In Column (c), mark "Yes" if the establishment listed in Column (b) is included in the corporate figures reported on the MEPS-15. Mark "No" if the establishment is not included in the corporate figures reported on the MEPS-15.
- In Column (d), enter the number of employees at the establishment listed in Column (b) for a typical pay period in 1998. Estimates are acceptable.
- In Columns (e), (f), and (g), please check the types of hospital and/or physician insurance plans which your company offered at the location specified in Column (b). See the MEPS-20D, Definition Sheet included in this package for detailed explanations of the different types of plans.

CENSUS USE ONLY Establishment identification number (a)	Establishment name and location (b)	Have you answered for this establishment on the MEPS-15? (c)	Number of employee(s) (d)	Types of Insurance Offered *Mark (X) all that apply* HMO/ EPO (e)	Conventional Indemnity (f)	PPO/ POS (g)
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523
		524 1 ☐ YES 2 ☐ NO	200	521	522	523

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