

Group Health Insurance - Census Data Sheet

This information will be used to obtain a quote for group health insurance coverage.
 To get an accurate quote please furnish all requested information and list any medical conditions or medications taken by anyone to be included on the insurance plan.



Company Name _____
Address _____
City, State, Zip _____
Phone Number () _____

Agent: Steve Dixon
 Phone Number (972) 355-8132
 Fax Number (972) 692-7192

Nature of business _____
 Requested Effective Date _____
 Total # of Employees _____
 Employees to be on plan _____ Current Insurance Company _____

Employee Name	Sex	Date of Birth	Spouse DOB (If to be covered)	# of children (if to be covered)	Coverage* (see box below)	Home Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Use separate sheet if needed

Coverage* Needed	Medical Conditions (indicate employee #)
E = Employee Only	
ES = Employee & Spouse Only	
EC = Employee & Child(ren) Only	
FF = Full Family Coverage	