

Group Health Insurance - Census Data Sheet

This information will be used to obtain quotes for group health insurance coverage.
 To get the most accurate quote please furnish all requested information. The insurance company will determine the final premium after reviewing applications and underwriting health conditions.



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

Steve Dixon
 Phone Number (972) 355-8132
 Fax Number (972) 692-7192
 Steve@HealthPlanFinders.com

Nature of business _____
 Requested Effective Date _____ S.I.C. _____ (standard industrial classification)
 Total # of Full-time Employees _____
 # of Employees to be on plan _____ Current Insurance Company _____
 # of out-of-state employees to be covered _____ Current Deductible _____ Current Copay _____

Coverage* (please list if to be on quotes)	Company Contact
E = Employee Only ES = Employee & Spouse Only EC = Employee & Child(ren) Only FF = Full Family Coverage	Name _____ Email address _____

	Employee Name	Sex	Date of Birth	Spouse DOB (If to be covered)	# of children (if to be covered)	Coverage* (see above)	Home Zip Code
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3							
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Use separate sheet if needed