GROUP INSURANCE CENSUS DATA

Company:

Address:

Date:

Agent:

Group Phone #:

Group Fax #:

Contact

Nature of Business

E-mail address:

Current Carrier(s):

Renewal Date(s):

Current Medical Plan: HMO POS PPO Traditional Indemnity

Current Co-insurance: 100/70 90/80 100/70 80/60 Other

Coverage Desired Definitions:

EE = Employee Only

EE/SP = Employee + Spouse Only

EE/CH = Employee + Children Only

EE/SP/CH = Family

Lines of Coverage you are interested in:

Medical

Dental

Voluntary Dental

Life

Voluntary Life

Vision

LTD

STD

	Employee Name (Last, First, Middle Initial)	Sex	Date of Birth or Age	Health / Dental Coverages Desired					Job Titles - Needed to secure disability insurance quotes	Wage/Salary - Needed to secure disability quotes	State of Residence	Zip Code
				EE	EE SP	EE # CH	EE SP # CH	Waived				
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