GROUP HEALTH INSURANCE CENSUS SHEET Page _____

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WHO IS TO BE LISTED:

PLEASE LIST EACH EMPLOYEE THAT RECEIVES A W2 FROM YOUR COMPANY.

PLEASE COMPLETE COVERAGE TYPE FOR EACH EMPLOYEE USING THE FOLLOWING CODES

(E) Employee only,**(EC)**Employee and child,**(ES)**mployee and spouse,**(F)**Family ***(L)LIFE ONLY**

*** Life only: An employee qualified to receive benefits but has coverage elsewhere**

Name of Employee	Emp. Start Date Mon Day Yr			Sex	Emp.Date Of Birth Mon Day Yr			WORK WEEK Hours	**COVERAGE TYPE**	Spouse Date of Birth Mon/Day/ Yr			No.of Children At home Fulltime Students	Basic Annual Earnings If DI to Quoted

Company name:_____ **Phone Number:**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

X_____ _____ _____

Signature of person completing form **Position** **Date**

GROUP/INDIVIDUAL HEALTH
WORKSHEET

PLEASE LIST THE PRIMARY HEALTH PROVIDERS FOR EACH EMPLOYEE & THEIR CITY.

SUBMIT A COPY OF THE COMPANY LOSS HISTORY FOR THE PREVIOUS 12 MONTHS.

PLEASE INCLUDE A COPY OF YOUR CURRENT BILLING MONTH STATEMEMT.

BUSINESS NAME:_____ **OFFICE PHONE:**_____

ADDRESS:_____**CITY:**_____**STATE:**_____ **ZIP:**_____

INSURANCE CONTACT: _____**POSITION:** _____ **PHONE:**_____

QUOTE NEEDED BY: _____ **Signature of person completing form:**_____

CURRENT PLAN WITH: _____

PLAN NAME OR TYPE: _____ **POLICY #:** _____

INDUSTRY/BUSINESS: _____ **SIC CODE:** _____

TOTAL NUMBER OF EMPLOYEES: _____ **IS PLAN A POS/PPO/HMO/OTHER:** _____

HEALTH DED:_____ **ANNUAL DENTAL BENEFIT:**_____ **DED:**_____ **ORTHODONTIC:**_____ **VISION:**___

LIFE AMOUNT: _____ **SHORT TERM DISABILITY:**_____ **LONG TERM DISABILITY:**_____

FAMILY OUT OF POCKET: _____ **INDIVIDUAL OUT OF POCKET:** _____

IN NETWORK CO-INS: _____ **OUT OF NETWORK CO-INS.:** _____ **DR. CO-PAY:**____

ACCIDENT (Y/N): _____ **BENEFIT:** _____

WELL BABY (Y/N): _____ **BENEFIT:** _____

PREGNANCY (Y/N): _____ **BENEFIT:** _____

DRUG CARD BENEFIT:_____ **CARRY OVER (Y/N):**___ **EXTENDED PRENTIVE CARE(Y/N):**___

PLAN DESCRIPTION _____

DISLIKES OF CURRENT PLAN :

LIKES OF CURRENT PLAN :

COMMENTS ABOUT THE GENERAL HEALTH CONDITION OF EMPLOYEES: (EXAMPLE ALL IN GOOD HEALTH AS FAR AS WE KNOW)