

Account Census Information

Account Name _____

Total # of Employees _____

Contact Name _____

Type of Business & SIC Code _____

Address _____

Telephone # _____

City _____

State _____ Zip code _____

Broker _____

Agency _____

Anniversary Date: _____ Current Carrier(s) _____ Current plan _____

Current Rates- Individual \$ _____ Employee & Child \$ _____ Couple\$ _____ Family\$ _____

Renewal Rates- Individual \$ _____ Employee & Child \$ _____ Couple\$ _____ Family\$ _____

Please provide all of the following information for ALL eligible employees of your company, wheather or not an employee is currently enrolled in the group health insurance through your company.

Key:

Type of Plans : S for Single / EC for Employee & Child / C for Couple / F for Family / W for waive coverage / and WS for waive due to spousal coverage

	Name	DOB	Gender	Type of Plan	Cobra	Zip Code/ State
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
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16						
17						
18						