

Group Health Insurance - Census Data Sheet

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



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. _____ Contact Person: _____
Total # of Full-time Employees _____
of Employees to be on plan _____ Current Insurance Company _____
of out-of-state employees to be covered _____ Current Deductible _____

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
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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	