



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 () _____

Brandy Jackson
 Phone Number (800)375-1000
 Fax Number (800)874-3489
 brandyj@groupinsuranceinc.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 DOB/sex)	Coverage* (see box below)	Home Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Use separate sheet if needed

Coverage* Needed
E = Employee Only
ES = Employee & Spouse Only
EC = Employee & Child(ren) Only
FF = Full Family Coverage